

LEASE PURCHASE HOMEOWNERSHIP PRODUCTION APPLICATION

DEVELOP LOUISVILLE OFFICE OF HOUSING & COMMUNITY DEVELOPMENT

Last Date Modified:

Project/IDIS #:

A. General Information

◆ Development Information

Project Name:

Street Address: Neighborhood:

Louisville, KY Zip: Council District: Census Tract:

Total number of Lease Purchase units planned units **You Must Input # of**

Number of Low-Moderate Income Affordable Units planned units **Units in this Section**

Will you enter costs for individual addresses or home models/types?

Residential Floor Area planned - gross sq. ft.

Construction Type

Housing Type Funding Source Sought:

Length of Lease Period:

◆ Project Summary *Briefly describe your project & your lease purchase program design.*

◆ Assistance Request Information *(info comes from another worksheet)*

TOTAL FUNDING REQUEST	Total	Per Unit
Total Project Development Costs (TDC)	\$0	#DIV/0!
LMG Construction/Development Loan <i>(May be repaid when hor</i>	\$0	#DIV/0!
Home Sale Proceeds	\$0	#DIV/0!
LMG Permanent Development Gap Subsidy	\$0	#DIV/0!
LMG Direct Down Payment Assistance to Buyer	\$0	#DIV/0!
Total Permanent Subsidy to Unit(s)	\$0	#DIV/0!
HOME Loan that will Convert to Buyer Assistance	\$0	#DIV/0!
Projected Surplus LMG Funds	\$0	#DIV/0! 0
<i>(Construction Loan - Development Gap - Assistance to Buyer)</i>		

◆ Applicant & Affiliates

Entity Name: Federal I.D. #:

Contact Person: Phone:

Address: Email:

City: Louisville State: Zip:

Legal Form:

If non-profit, registered with the State of KY?

Non-profit determination been made by the Internal Revenue Service?

If yes, indicate IRS designation:

Community Housing Development Organization (CHDO)?

Is the CHDO designation from Louisville Metro?

Explain the role and activities of the non-profit sponsor in the development. Check which apply

Developer	<input type="checkbox"/>	Marketing	<input type="checkbox"/>	Other:
General	<input type="checkbox"/>	Carries Liability Insurance	<input type="checkbox"/>	<input type="text"/>
Owner	<input type="checkbox"/>	Carries Liability/Property	<input type="checkbox"/>	<input type="text"/>

Please describe the ownership structure for the proposed project.

General Partner/Corporate Officer Information (if applicable)

(List Managing General Partner on first line.)

Name:	Fed. ID #		Ownership %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

◆ Affiliated Entities

List any legally affiliated entities (parent organization, subsidiaries, partnerships, etc.).

- Name: Fed. ID #:
Relationship to Applicant:
- Name: Fed. ID #:
Relationship to Applicant:
- Name: Fed. ID #:
Relationship to Applicant:
- Name: Fed. ID #:
Relationship to Applicant:

◆ Properties Currently Owned by Applicant & Affiliate Entities

On the worksheet "1a)Properties" enter all properties owned by the applicant and its affiliated entities. LMG will check each address for outstanding taxes, non-compliance, code violations, etc.

B. Development Plan Information

Total number of Buildings planned buildings # of Stories:

Age of existing Building(s) years old

Structural System Basement Exterior

Parking

Is this project targeting special populations?

If yes, indicate which populations: Other:

◆ Energy and Equipment Information

Heating System:	<input type="text"/>	<input type="text"/>	Energy Star?	<input type="text"/>	Other Green Certification(s)
Air Conditioning System:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Domestic Hot Water:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

◆ **Equipment included with Income Restricted Units** *(check those that apply)*

<input type="checkbox"/>	Microwave	<input type="checkbox"/>	Refrigerator	<input type="checkbox"/>	Kitchen Exhaust Duct	Other:
<input type="checkbox"/>	Range & Oven	<input type="checkbox"/>	Ceiling Fans	<input type="checkbox"/>	Common On-site Laundry	
<input type="checkbox"/>	Garbage Disposal	<input type="checkbox"/>	Fireplace	<input type="checkbox"/>	Security Alarm	
<input type="checkbox"/>	Dishwasher	<input type="checkbox"/>	Blinds/Drapes	<input type="checkbox"/>	Laundry Equipment	

Davis Bacon Wage Determination & Reporting

Below are the thresholds for a project to trigger Davis Bacon. If over these thresholds, your project will be required to pay at rates at/above prevailing wages as determined by the Dept. of Labor. This will require regular reporting. More info at: (www.dol.gov/whd/govcontracts/dbra.htm#UOs8W-

Davis Bacon Thresholds: HOME = 12 units or more CDBG = 8 units or more

of units in projec 0 Funding Source Sought: 0

If Davis Bacon is triggered, please describe your previous experience with compliance and reporting.

C. Site Information

On the worksheet "1a)Properties" enter all properties included in the project site(s).

Does the project build upon LMG's revitalization efforts and investments in neighborhoods across Metro Louisville?

If yes, please explain:

Is the project located in a non-Low to Moderate income census tract, promoting mixed-income neighborhoods (census tract with less than 50% of residents below 80% of the Area Median Income)?

If yes, please explain:

Will the project incorporate energy efficient, renewable, and sustainable building materials, practices, and designs? Furthermore, will the project achieve Energy Star, LEED, Green Enterprise Community and/or similar nationally-recognized certifications?

If yes, please explain:

Are any properties for the proposed project currently owned by LMG or affiliates?

Are any project buildings in a National or local historic district?

Have you already acquired the project property?

Was the property occupied at the time you obtained ownership?

If vacant at purchase, how many months had it been vacant?

Did/will you acquire the property with clear title and no debt?

If you plan to purchase existing residential buildings, are they occupied?

Is this an "Arms-Length" Transaction, meaning the buyer and seller are acting independently and have no relationship to one another?

If this is not an Arm's Length Transaction, explain the relationship between buyer and seller.

Current Zoning:

Design Form District:

Find the project's zoning & form district at this website: <http://ags2.lojic.org/lojiconline/>

If the project requires a zoning change/waiver, explain where you are in this process.

Will the current site(s) require lots to be subdivided?

Are the following utilities now located on the site?

Public Water Supply	<input type="text"/>	<input type="text"/>	Feet from Site
Public Sewer System	<input type="text"/>	<input type="text"/>	Feet from Site
Natural Gas Distribution System	<input type="text"/>	<input type="text"/>	Feet from Site
Electric Power System	<input type="text"/>	<input type="text"/>	Feet from Site
Cable Television System	<input type="text"/>	<input type="text"/>	Feet from Site
Telephone System	<input type="text"/>	<input type="text"/>	Feet from Site

Are the following conditions present at the proposed development site?

All or part in 100-yr. floodplain	<input type="text"/>	Standing water	<input type="text"/>
Railroad tracks within 300 feet	<input type="text"/>	Creek, lake, river frontage	<input type="text"/>
High tension wires	<input type="text"/>	Ravines or steep grades	<input type="text"/>
High noise levels	<input type="text"/>	Industrial sites	<input type="text"/>
Hazardous waste sites	<input type="text"/>	Commercial sites	<input type="text"/>
Proximity to an airport	<input type="text"/>		

Describe any unusual site conditions:

D. Neighborhood & Market Information

Applicants must submit some form of in-house or 3rd party market analysis demonstrating demand for the proposed project. An appraisal supporting acquisition and sales pricing is required.

Explain the need/market demand for the proposed project.

Describe how this project builds on existing and emerging neighborhood anchors (hospital, university, regional park, school, etc):

Describe how this project has been coordinated with other neighborhood projects, investments or redevelopment initiatives.

Describe the project's proximity to existing transportation & infrastructure assets (sidewalks, bus routes, etc.).

E. Development & Draw Schedule

In the chart below, enter the date the item was accomplished, or when it is expected to be accomplished. If an item does not apply to your development, enter N/A or leave blank. **NOTE: This or a revised schedule will be included in your written agreement with LMG should you be funded.**

<i>IDIS Commitment Date (For LMG to input)</i>		Month	Year	Anticipated LMG Draw Amount
Site Control & Predevelopment	Option			
	Contract			
	Closing			
	Zoning			
	Site Analysis			
	Working Construction Drawings			
Construction Loan Closing				
Construction Start				
Construction 1/2 Completed & Drawn				
Marketing Start-Up				
Construction Complete (Certificate of Occupancy)				
All Units Sold (<i>Must occur within 6 mos. of obtaining CO</i>)				
Total Construction Schedule:			months	\$0

F. Development Sales Prices *(info comes from worksheets 3 & 5)*

	<u>Street Address</u>	<u>SF</u>	<u>BR</u>	<u>BA</u>	<u>Projected Sale Price</u>	<u>LMG Buyer Assistance</u>	<u># Units</u>
Address 1	0	0	0	0	\$0	\$0	0
Address 2	0	0	0	0	\$0	\$0	0
Address 3	0	0	0	0	\$0	\$0	0
Address 4	0	0	0	0	\$0	\$0	0
Address 5	0	0	0	0	\$0	\$0	0
Address 6	0	0	0	0	\$0	\$0	0
Address 7	0	0	0	0	\$0	\$0	0
Address 8	0	0	0	0	\$0	\$0	0
Address 9	0	0	0	0	\$0	\$0	0
Address 10	0	0	0	0	\$0	\$0	0
Address 11	0	0	0	0	\$0	\$0	0

Explain how you arrived at the projected home sales prices:

◆ **Previous Development Experience**

Has the applicant completed other residential development projects?

How many projects has the applicant completed?

How many homeownership units has the developer been responsible for producing?

New Construction # units: Rehab # units:

How many full-time equivalent staff does developer employ?

List most recently completed projects:

Project Name	Address	Construction Type	Tenure Type	Target Residents	# Units	Total Devel. Costs

List most recently completed projects:

Project Name	Address	Construction Type	Tenure Type	% Complete	# Units	Total Devel. Costs

Describe how you will staff this project. Please name specific staff members and/or consultants/contractors.

◆ **Lease Purchase Program: Management & Services**

Attach any relevant Lease Purchase documents such as program design, tenant lease, purchase contract, agreements with 3rd party service providers, etc.

Describe your overall lease purchase program.

Who will perform property management?

Name of management staff/company:

How many units is your staff or 3rd party mgt company currently managing?

How many HUD income-restricted units is your staff/mgt company currently managing?

Describe how maintenance responsibilities will be divided between tenant & owner.

How will you insure they successfully make the transition to homeownership? *NOTE: The HOME program requires lease purchase homes to sell to tenants within 36 months. You will then have 6 months to find another eligible buyer. Units failing to sell within 42 months will convert to long-term HOME rental units.*

Who will provide lease purchase services?

Name of services staff/organization:

If 3rd party provider, what type of agreement will govern their work for you?

Describe the services to be provided to tenants/homebuyers to insure they move into homeownership.

Should your homes fail to sell to tenants within 36 months and then fail to sell to any eligible buyer during an additional 6 months, what is your plan for managing a single-family rental unit?

G. Development Team Information

	Name	Address	Phone	Worked Together Previously?
Contractor:				
Consultant:				
Attorney:				
Tax Accountant:				
Architect:				
Engineer:				
Realtor:				
Other:				

Track record of prime contractor — list the contractor's five most recently completed projects:

1.	
2.	
3.	
4.	
5.	

Are there any identities of interest between team members? (An identity of interest is a legal, financial, business, or familial relationship that may make it difficult for parties to act independently or "at arm's length" from one another.)

If yes, provide details of the relationship(s):

Is the Developer, Sponsor, or any other Development Team Member related to a Louisville Metro Government elected official or employee?

If yes, provide details:

Is the Developer, Sponsor, or any other Development Team Member, including any of their owners, partners, or board members CURRENTLY debarred from Federal contracting opportunities by any agency of the Federal Government? ([search at www.sam.gov](http://www.sam.gov))

If yes, provide details:

Has the Developer, Sponsor, or any other Development Team Member listed on the previous page, including any of their owners, partners, or board members EVER been debarred from Federal contracting opportunities by any agency of the Federal Government?

If yes, provide details:

H. Relocation

Relocation is the moving of existing residential or commercial occupants from their current space.

Will your development require any households to move temporarily?

of households to move temporarily:

Will your plans require any occupants to move permanently?

of households to move permanently:

Will your development require any commercial occupants to move?

of commercial occupants to move:

If you answered yes to any of the above questions, describe your relocation plan.

I. Required Application Attachments *(in addition to this Excel file)*

In addition to submitting this Excel file to Louisville Metro Government's Office of Housing and Community Development, applicants must submit number of supporting attachments. Please see the full list on the "Instructions" tab of this workbook.

J. Applicant Certification

I certify that submission of this application has been duly authorized by the governing body of the applicant and that all information contained in this application, to the best of my knowledge, is true and accurate.

I understand that awards will be made on a competitive basis and Louisville Metro Government may award an amount less than requested. I understand that Louisville Metro Government has no obligation to make a grant or loan to the applicant. I am aware that incomplete or late applications will not be accepted or considered for federal funding.

Applicant Signatures:

Owner, Developer, Executive Director:

Printed Name

X

Signature

Title

Date

Chief Elected Officer Signature (Board Chair)

Printed Name

X

Signature

Title

Date