**Request for Section 811 Project Rental Assistance**

*\*Requests are only available to integrated supportive housing projects that completed the Indiana Supportive Housing Institute, that were selected through a Request for Proposals for Section 811 PRA, or as otherwise noted as an 811-eligible Low Income Housing Tax Credit project in the IHCDA Qualified Allocation Plan (QAP).*

**1) Contact Information**

Name of Applicant: Click here to enter text.

Contact Person Name: Click here to enter text.

Contact Person Email: Click here to enter text.

Contact Person Address: Click here to enter text.

Contact Person Telephone Number: Click here to enter text.

Name of Development: Click here to enter text.

Address of Development: Click here to enter text.

**2) Team**

Describe the composition of the team, explaining the role of each team organization, including the owner, developer, management company, service provider, and referral provider (if applicable):

Click here to enter text.

**3) Experience**

Describe the team’s experience with owning and managing affordable housing projects, specifically with providing rental assistance and working with supportive service providers to serve individuals in the Section 811 PRA target population. Click here to enter text.

If you own and/or manage other affordable housing projects provide a list with the following information: Name of property, address, years owned, funding sources, total number of units, number of assisted units, unit bedroom size(s), and incomes served.

Click here to enter text.

1. **General Project Information**

Total number of units in the project: Click here to enter number of units.

Number of units for which IHCDA Section 811 PRA is requested: Click here to enter number of units.

Percentage of units for which IHCDA Section 811 PRA is requested (no more than 25% of total project units): Click here to enter percentage.

Will the project receive project-based rental assistance of any kind through any other agency or program? Choose an item.

If yes, please describe type of assistance and number of units covered under the assistance: Click here to enter text.

How many units are Section 504 accessible units (must be at least 5%)?   Click here to enter number of units.

How many units meet Section 504 requirements for sensory impaired (must be at least 2%)? Click here to enter number of units.

Provide a narrative description of the project. The narrative should include building and neighborhood descriptions, age of the property, current unit condition, location of public transit in relation to the property, and location of employment opportunities in relation to the property. Describe the accessibility and location of social, recreational, educational, commercial, and health facilities. Describe any physical design elements and amenities included that will directly benefit the population served.

Click here to enter number of units.

**5) Incomes served (adjusted for family size): \*NOTE: 811 PRA units must be at or below 30% AMI.**

|  |  |  |
| --- | --- | --- |
| Percent of Area Medium Income | Number of Total Units | Number of proposed Section 811 PRA Units. 811 Units must be <30% AMI |
| < 30% | Number of units. | Number of subsidies. |
| < 40 % | Number of units. | N/A |
| < 50 % | Number of units. | N/A |
| < 60% | Number of units. | N/A |
| > 60% | Number of units. | N/A |
| **Total** | Number of units. |  |

1. **Population Served:**

Define the target population to be served with Section 811 PRA at the property and a narrative of how the project’s Tenant Selection Plan will identify eligible tenants within that target population.

Click here to enter text.

**7) Please explain the need for the Section 811 PRA**:

Click here to enter text.

**8) Rental Assistance Contract Unit Mix requested:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Unit Size | # PRA Units Requested | | Requested Rent (not to exceed 100% of [FMR](https://www.huduser.gov/portal/datasets/fmr.html)) | Unit Type Breakdown (provide # of each different type of unit ex. townhouse, high rise, etc.) | | | |
| 0 BR | # | | $Rent | Unit Breakdown. | | | |
| 1 BR | # | | $ Rent | Unit Breakdown. | | | |
| 2 BR | # | | $ Rent | Unit Breakdown. | | | |
| 3 BR | # | | $ Rent | Unit Breakdown. | | | |
| 4 BR | # | | $ Rent | Unit Breakdown. | | | |
| Total | # | | $ Rent | Unit Breakdown. | | | |
| **Utility** | | **Fuel Type**  **(Gas or Electric)** | | **Who is responsible for paying? Owner or Tenant**  **\*IHCDA requires owner-paid utilities for 811 PRA units\*** |  | **Utility** | **Who is responsible for paying? Owner or Tenant**  **\*IHCDA requires owner-paid utilities for 811 PRA units\*** |
| Heating | | Choose an item. | | Choose |  | Trash Removal | Choose |
| Cooking | | Choose an item. | | Choose |  | Air Conditioning | Choose |
| Water Heating | | Choose an item. | | Choose |  | Other (specify) | Choose |
| Other Electric | |  | | Choose |  | **Who will provide the below appliances Owner or Tenant?** | **\*IHCDA requires owner provided for 811 PRA units\*** |
| Water | |  | | Choose |  | Range | Choose |
| Sewer | |  | | Choose |  | Refrigerator | Choose |

**9) Leasing Plan:**

Describe the plan and timeline to lease the units: Click here to enter text.

**10) Occupancy Contingency Plan**

If the project encounters difficulty obtaining eligible referrals, describe what additional steps will be taken to ensure this project serves the target population described in IHCDA’s Section 811 PRA plan: Click here to enter text.

**11) Low Barrier Screening Criteria:**

Describe how you will screen applicants for 811 PRA assisted units using low-barrier screening criteria. Include the factors that would result in a denial of the application. Note: respondents selected under to receive a Section 811 PRA Rental Assistance Contract (RAC) must have their tenant selection plan approved by IHCDA prior to executing the RAC. Click here to enter text.

**12) Good Standing**

Is the applicant barred from receiving IHCDA or Federal Funds? Choose an item.

**If so, stop. You are ineligible to request 811 PRA funding.**

Has the applicant received any IHCDA or HUD findings with this or any other project? Choose an item.

If so, describe what actions were taken to rectify to the findings: Click here to enter text.

**13) Davis Bacon Compliance**

* I acknowledge that Davis Bacon labor standards and prevailing wages apply if the project contains 12 or more 811 PRA assisted units.

**Mark “yes” here to accept the acknowledgement above:** Choose an item.

**14) Section 811 PRA Compliance Acknowledgements**

* I acknowledge that 811 PRA units must be occupied by qualified households defined as “extremely low-income households where at least one person must be an individual with a disability, 18 years of age or older and less than 62 years of age at time of admission into the property” and that “the person with the disability must be eligible for community-based, long-term services as provided through Medicaid waivers, Medicaid state plan options, state funded services, or other appropriate services related to the target population.”
* I acknowledge that no more than 25% of total units can be used for supportive housing for persons with disabilities under Section 811 PRA or any other federal or state program or have any occupancy preference for persons with disabilities.
* I acknowledge that IHCDA will record a 30-year Section 811 use restriction against the project.
* I acknowledge that Davis Bacon labor standards and prevailing wages apply if the project contains 12 or more Section 811 PRA assisted units.

**Mark “yes” here to accept all acknowledgements above:** Choose an item.

**15) Certification**

**I hereby certify that all information stated herein, as well as any information provided in an attachment herewith, is true and accurate.**

**18 U.S.C. § 1001, “Fraud and False Statements,” provides among other things, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, anyone who knowingly and willfully: (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, and/or imprisoned for not longer than five (5) years.**

**Authorized Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name and Title:** Click here to enter name and title.

**Date:** Click here to enter date.