**Request for Project-Based Vouchers\***

*\*Requests are only available to supportive housing projects that completed the Indiana Supportive Housing Institute or that were selected through a Request for Proposals for an eligible HOME Innovation Round or for HOME-ARP rental construction funding.*

**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:

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 supportive services to individuals and families experiencing homelessness. 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 project-based rental assistance is requested: Click here to enter number of units.

Percentage of units for which IHCDA project-based rental assistance is requested: Click here to enter percentage.

Do any other units in the project receive Section 8 Housing Choice Voucher Rental Assistance? Choose an item.

If yes, how many units: Click here to enter number of units.

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.

**6) De-concentrating Poverty**

Project Based Vouchers may not be located in areas of minority concentrations or in neighborhoods in which substandard dwelling or other undesirable conditions predominate.  Describe any recent changes in the project’s location in poverty percentage, new “market rate” development, economic revitalization etc. Chapter 17, Section II.G of IHCDA’s Housing Choice Voucher Administrative Plan provides further information on the requirement (<http://www.in.gov/ihcda/files/Admin_Plan_2014.pdf>).

Click here to enter text.

***If this project requires a waiver of the deconcentration rule, that request must be approved prior to the final award of Project Based Vouchers. A copy of the formal waiver request to HUD must be submitted with this application.***

**7) What are the incomes served (adjusted for family size): \*NOTE: PBV units must be at or below 50% AMI\***

|  |  |  |
| --- | --- | --- |
| Percent of Area Medium Income | Number of Total Units | Number of proposed Sec 8 Project Based Vouchers |
| < 30% | Number of units. | Number of subsidies. |
| < 40 % | Number of units. | Number of subsidies. |
| < 50 % | Number of units. | Number of subsidies. |
| < 60% | Number of units. | Number of subsidies. |
| > 60% | Number of units. | Number of subsidies. |
| **Total** | Number of units. | Number of subsidies. |

**8) Population Served:**

Describe the target population to be served and provide a narrative of how the project’s Tenant Selection Plan will identify eligible tenants within that target population.

Click here to enter text.

Is the project 100% supportive housing or integrated supportive housing? Choose an item.

If integrated, what % is supportive housing? Click here to enter %.

**9) Please explain the need for the Project Based Vouchers**:

Click here to enter text.

**10) Number of vouchers requested:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Unit Size | Vouchers Requested | | Requested Rent (not to exceed 100% of FMR) | 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 bill? Owner or Tenant**  **(for PSH, IHCDA requires owner-paid)** |  | **Utility** | **Who is responsible for paying bill/ supplying the appliance? Owner or Tenant** |
| Heating | | Fuel Type | | Choose |  | Trash Removal | Choose |
| Cooking | | Fuel Type | | Choose |  | Air Conditioning | Choose |
| Water Heating | | Fuel Type | | Choose |  | Other (specify) | Choose |
| Other Electric | |  | | Choose |  | Who will provide the below appliances Owner or Tenant? |  |
| Water | |  | | Choose |  | Range | Choose |
| Sewer | |  | | Choose |  | Refrigerator | Choose |

**11) PHA Jurisdiction**

Is the project located outside the jurisdiction of the IHCDA HCVP? A map of IHCDA’s HCVP can be found on the program’s website at <http://www.in.gov/ihcda/2333.htm#Port>. Choose an item.

If so, what is the name of the Housing Authority who governs the jurisdiction where the project is located? Click here to enter text.

***If a proposed project falls within a municipality in which a local housing authority is located or within a municipality contiguous to a municipality in which a local housing authority is located, then a letter must be submitted to IHCDA from the local housing authority operating in that location which states the local public housing authority cannot provide the vouchers and that the PHA is allowing IHCDA to administer Project Based Vouchers within the jurisdiction in accordance with the IHCDA administrative plan. Upon signing of the HAP contract, a formal MOU with the local Housing Authority will be required.***

**12) Leasing Plan:**

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

**13) 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 the IHCDA Administrative Plan: Click here to enter text.

**14) Low Barrier Screening Criteria:**

Describe how you will screen applicants for PBV 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 PBV Housing Assistance Payment Contract (HAP) must have their tenant selection plan approved by IHCDA prior to executing the HAP. Click here to enter text.

**15) Good Standing**

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

**If so, stop. You are ineligible to request PBV.**

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 the findings: Click here to enter text.

**16) Broadband Infrastructure Compliance**

HUD requires the installation of broadband infrastructure at the time of new construction or substantial rehabilitation of units funded under the Project Based Voucher program. HUD defines *broadband infrastructure* as cables, fiber optics, wiring, or other permanent (integral to the structure) infrastructure—including wireless infrastructure—as long as the installation results in broadband infrastructure in each dwelling unit meeting the Federal Communications Commission’s ([FCC](https://www.fcc.gov/)’s) definition in effect at the time the pre-construction estimates are generated.

Describe how the broadband infrastructure requirements will be met (500 words or less) Click here to enter text.

**17) Davis Bacon Compliance**

* I acknowledge that Davis Bacon labor standards and prevailing wages apply if the project contains 9 or more PBV assisted units.

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

**18) 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.

**Required Attachments:**

1. If occupied, please provide the current tenant rent roll, with current resident incomes and rents paid, including utilities if any.

2. Provide a copy of Form HUD-2880 Standard Disclosure and Perjury Statement, Identity of Interest Statement.

1. Will this request for project-based vouchers create displacement of residents permanently or for a short period of time? Choose an item.. If yes, include a copy of your relocation plan.  The plan must meet HUD guidelines.  Also, explain how relocation will be funded.
2. Identify all principal participants in your organization (i.e., Owner, Management Company, Service Provider).  For each principal participant provide name, address, telephone number, fax, email.  Include a written certification that each principal participant (officers, members, shareholders, directors, board members investors or any person with substantial interest) is not on the U.S. General Services list of excluded parties.