**Request for IHCDA 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 Organization: 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.

**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 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 including project based rental assistance if applicable, total number of units, number of assisted units, unit bedroom size(s), and incomes served.

Click here to enter text.

1. **General Project Information**

Project Name: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text.

County: Click here to enter text.

Zip Code: Click here to enter text.

Census Tract: Click here to enter text.

Does this project involve development activity? Yes or No: Click here to enter text.

If yes, what is the development activity type (new construction, rehabilitation of existing housing, adaptive reuse, etc.) Click here to enter text.

Is the project an “existing housing” activity- i.e., project can already pass an NSPIRE inspection and no rehabilitation activity is taking place. Yes or No: Click here to enter text.

Total number of units in the proposed 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.

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

How many units will 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, the age of the property and current unit condition (if rehab), a description of any physical design elements and amenities included that will directly benefit residents, and a description of any services to be offered to benefit residents.

Click here to enter number of units.

Provide a narrative description of services and equipment to be provided to by owner without charge to tenants: Click here to enter text.

**5) Site Selection and De-concentration of Poverty**

IHCDA must award Project Based Vouchers in a manner that complies with the site selection standards of 24 CFR 983.55. Applicant must complete the following questions based on project type so that IHCDA may assess the site and ensure it meets regulations regarding site selection and de-concentration of poverty.

**For all applications:**

Is the census tract in which the proposed PBV development will be located part of a HUD-designated Enterprise Zone, Economic Community, or Renewal Community? Choose an item.

Is the census tract in which the proposed PBV development will be located a tract in which concentration of units has decreased due to public housing demolition? Choose an item.

Describe any significant revitalization efforts in the census tract, including any State, local, or Federal dollars that have been invested for revitalization.

Click here to enter text.

Describe any new market rate development in the census tract and how those market rate units will impact the poverty rate in the area.

Click here to enter text.

What is the poverty rate in the census tract in which the proposed PBV development will be located? If the current poverty rate is greater than 20%, identify the poverty rate trend for past 5 years. Please refer to the poverty rate spreadsheet on [IHCDA’s PBV webpage](https://www.in.gov/ihcda/developers/project-based-voucher-programs/).

Click here to enter text.

Describe any meaningful opportunities for educational and economic advancement in the census tract in which the proposed PBV development will be located.

Click here to enter text.

Describe the project’s access to social, recreational, educational, commercial, health facilities, services, and other municipal facilities and services that are at least equivalent to those found in neighborhoods consisting largely of unassisted market rate units.

Click here to enter text.

Describe the project’s access to public transportation and employment opportunities.

Click here to enter text.

**For new construction applications only- answer the following additional questions:**

Will the site be located in an area of minority concentration based on HUD’s defined [Racially or Ethnically Concentrated Areas of Poverty (R/ECAPs) map](https://hudgis-hud.opendata.arcgis.com/datasets/56de4edea8264fe5a344da9811ef5d6e_0/explore?location=30.459100%2C58.263972%2C3.56)? Choose an item.

If yes, IHCDA will need to assess the tests outlined in 24 CFR 983.55(e) to determine if sufficient, comparable opportunities exist for low income families outside areas of minority concentration and if the PBV project is necessary to meet overriding housing needs. IHCDA may use other available data besides the R/ECAP map referenced above to determine if the project is in an area of minority concentration.

**6) 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. | N/A |
| > 60% | Number of units. | N/A |
| **Total** | Number of units. | Number of subsidies. |

**7) Population Served:**

Define the target population to be served with PBV 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 %.

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

Click here to enter text.

**9) Housing Assistance Payment Contract unit mix requested:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Unit Size | Vouchers Requested | | Requested Rent (not to exceed 100% of county [FMR](https://www.huduser.gov/portal/datasets/fmr.html)). Do not use Small Area FMR. | # of bathrooms in the unit and a description of the unit type (e.g. townhouse, high-rise, single-family home, 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 PBV units\*** |  | **Utility** | **Who is responsible for paying? Owner or Tenant**  **\*IHCDA requires owner-paid utilities for PBV units\*** |
| Heating | | Choose | | Choose |  | Trash Removal | Choose |
| Cooking | | Choose | | Choose |  | Air Conditioning | Choose |
| Water Heating | | Choose | | Choose |  | Other (specify) | Choose |
| Other Electric | |  | | Choose |  | **Who will provide the below appliances Owner or Tenant?** | **\*IHCDA requires owner provided for PBV units\*** |
| Water | |  | | Choose |  | Range | Choose |
| Sewer | |  | | Choose |  | Refrigerator | Choose |

**10) PHA Jurisdiction**

Is the project located outside the jurisdiction of the IHCDA Housing Choice Voucher program? A map of IHCDA’s HCVP can be found on [IHCDA’s HCV webpage](https://www.in.gov/ihcda/homeowners-and-renters/housing-choice-vouchers-hcv/new-hcv-applicant/#Finding_a_Service_Provider). Choose an item.

If yes, what is the name of the Public 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.***

**11) Leasing Plan:**

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

**12) 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.

**13) 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 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.

**14) 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.

**15) 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.

**16) 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.

**17) Application 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 existing housing that is already occupied, 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.
3. 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.