**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 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**

Total number of units in the proposed 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 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 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.

1. **Site Selection**

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.

**6) 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 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.

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

Click here to enter text.

**9) 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)) | # 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 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 |

**10) Leasing Plan:**

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

**11) 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.

**12) 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 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.

**13) 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.

**14) 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.

**15) 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.

**16) 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.

**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 811 PRA 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.