



City of Spartanburg  
Neighborhood Services  
145 West Broad Street  
Spartanburg, South Carolina 29306

# HOME Investment Partnership Program

## Project Development Funds

### Application

Applicant Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

DATE: \_\_\_\_\_

**Project Type** (check all that applies):

- Rental Housing
- Group Home
- Homeownership
- Acquisition
- Rehabilitation
- New Construction



EQUAL HOUSING  
OPPORTUNITY

**I. APPLICANT INFORMATION:**

Applicant Name: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ DUNS No: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Applicant is:  Individual  Limited Liability Corp.  For Profit  Non Profit  CHDO  
 Corporation  Other \_\_\_\_\_

If Non Profit, complete **ATTACHMENT A**

**II. PROJECT INFORMATION:**

Project Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

If no street address: Lot(s): \_\_\_\_\_ Parcel(s): \_\_\_\_\_ Census Tract: \_\_\_\_\_

Type of Project:  New Construction  Acquisition  Rehabilitation  Acquisition/Rehab

Construction Type:  Multifamily  Single Family Detached  Group Home  Townhouse  
 Condominium  Other \_\_\_\_\_

Is this project:  Residential  Residential/commercial  Other \_\_\_\_\_

**III. SITE INFORMATION:**

Control of Property: \_\_\_\_\_ Owned \_\_\_\_\_ Deed \_\_\_\_\_ Lease \_\_\_\_\_ Other

Are there existing mortgages on this project?  Yes  No If yes, list below:

Mortgage	Original Amount	Original Date	Current Balance	Indicate if to be Paid-Off Refinanced or Assumed
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

3. \_\_\_\_\_

**IV. PROJECT NARRATIVE:**

Complete the following and include as **ATTACHMENT B:**

- Provide a description of the project, including its purpose and neighborhood context (current conditions, demographics, and anticipated impact), challenges and opportunities;
- Proposed use of HOME funds;
- How the project addresses the preservation of affordable housing;
- How the project addresses needs identified in the City of Spartanburg Consolidated Plan;
- How the project addresses other housing and economic development objectives of the City of Spartanburg.

**V. OCCUPANCY TARGETING:**

**Population Served:**  Elderly  Families  Singles  Handicapped  Other\_\_\_\_\_

How does the proposed project fit the needs of the population to be served?

**Enter the number of HOME units next to the appropriate income category:**

INCOME CATEGORY	Number of HOME Units
50% or less of Spartanburg AMI	
51 – 60% of Spartanburg AMI	
61 – 80% of Spartanburg AMI	
Market Rate Units	

Number and Percentage of units that will serve Low and Moderate income households:

\_\_\_\_\_ # \_\_\_\_\_ %

Does project require:      Permanent Relocation of Tenants?  Yes  No  
    Temporary Relocation of Tenants?  Yes  No

If the answer is “No” and the Project includes rehabilitation of occupied units, explain why:

Describe any space used for Commercial use within the project:

Commercial: \_\_\_\_\_ sq. ft.      Specify Uses: \_\_\_\_\_

Total Land Area: \_\_\_\_\_ Total Parking Spaces: \_\_\_\_\_

**VI. FINANCIAL:**

**Legal:** List any judgement, lien, bankruptcy, litigation, indictment, debarment or criminal conviction below. Failure to do so may disqualify your application.

Has Applicant ever been subject to a federal or state audit?  Yes  No

Please include your last financial audit as **ATTACHMENT C**

**Funding Sources**

List the other funding sources below. Provide supporting documentation as **ATTACHMENT D:**

SOURCE	STATUS	AMOUNT
	<b>TOTAL:</b>	

**Budgeting Requirement:**

Complete **Exhibits 1 – 4**. Please note that you may submit Exhibits 1, 2, and 3 on alternate forms which have been used for other funding, as long as they meet all categories listed on the Exhibits provided with this application.

**VII. OTHER REQUIREMENTS:**

1. Has an Environmental Review been completed?  Yes  No

If yes, include as **ATTACHMENT E**

2. Provide an appraisal of the site executed no earlier than 3 months prior to the submission of the application – **ATTACHMENT F**

3. Location: Attach a map showing the location and service area of proposed project

**ATTACHMENT G**

4. Photographs: Attach six (6) color photographs of the site and/or structure and surrounding area

**ATTACHMENT H**

5. Has the Applicant ever been awarded any of the following funds for any project in the past?

- HOME Investment Partnerships (HOME)  Yes  No
- Community Development Block Grant (CDBG)  Yes  No
- Neighborhood Stabilization Partnership (NSP)  Yes  No

If answered **“YES”** to any of the above, please describe the project(s) that were funded by program year and include as **ATTACHMENT I**

**VIII. CERTIFICATION AND AGREEMENT:**

The undersigned applicant hereby makes application to the City of Spartanburg, Department of Neighborhood Services for a loan in the amount of \$ \_\_\_\_\_ for a term of \_\_\_\_\_ years pursuant to the regulations of the HOME Program. The undersigned acknowledges that if the HOME funding is approved, it will be secured by a lien on the property herein described and evidenced by a promissory note. Applicant acknowledges that the HOME loan will be subject to certain restrictive covenants.

Applicant certifies that the purpose of the HOME loan is to ( ) acquire, ( ) construct, ( ) rehabilitate housing for occupancy by lower income households for \_\_\_\_\_% of the dwelling units in the development. The undersigned certifies that housing produced with the proceeds of HOME funding will be ( ) rented, or ( ) sold to income eligible households within the income limits set by HUD for the City of Spartanburg.

**Equal Opportunity:** The applicant agrees they will not discriminate against any person on the basis of race, color, religion, national origin, sex, marital status, physical or mental handicap, or age in any aspect of the program and will comply with all applicable federal, state and local laws regarding discrimination and equal opportunity in employment, housing and credit practices including Title VI and VII of the Civil Rights Act of 1964 and will comply with the City’s Minority Business requirements, as applicable.

**Tenant Relocation:** Applicant certifies that no tenant living in any residential unit in the property to be rehabilitated with HOME funding has been forced to move by the applicant without cause in the twelve month period preceding the submission of this application, and that no tenants will be forced to move without cause prior to loan closing except to rehabilitate the project in compliance with an approved relocation plan (URA).

The undersigned hereby certifies that the development proposed in this application can be developed in accordance with the development budget set forth herein and operated in accordance with the operation budget set forth and further certifies that the information set forth herein and in any attachment in support hereof is true, correct and complete to the best of his/her knowledge and belief, and that he/she is duly authorized to sign this application. Further, he/she by their signature acknowledges that any materially false, fraudulent or misleading statement in this application or the concealment of any material fact related to this application may subject him/her to criminal penalties under federal or state law.

The undersigned, on behalf of the applicant, certifies that neither the applicant nor any of its affiliates are delinquent or indebtedness for which an agency of federal, state or local government or municipality is the creditor, including any obligation or indebtedness related to taxes, direct loans or guaranteed loans.

Company or Organization: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

## XI. APPLICATION CHECKLIST:

All applicants are required to submit the attachment/Exhibits listed below, as applicable to the proposed project (check if applicable):

- Attachment A: Non Profit Status
- Attachment B: Project Narrative
- Attachment C: Federal/State Audit
- Attachment D: Other Funding Sources (applications to lenders, conditional commitments, etc.)
- Attachment E: Environmental Review
- Attachment F: Appraisal
- Attachment G: Location Map
- Attachment H: Photographs (6)
- Attachment I: Awards of Federal Funds
- Attachment J: Current CHDO Certification (if applicable)
- Attachment K: Evidence of site control: ( ) Deed, ( ) Purchase Option, ( ) Sales Contract, ( ) Other
- Attachment L: Background and Experience of Development Team (Names, Contact Information Summary of projects last 5 years) (Identify minority/business partners)
- Attachment M: Market Feasibility Study – see **Exhibit 5 for Checklist**
- Attachment N: Evidence of zoning/land use approval (if pending, submit evidence of application and status)
- Attachment O: Preliminary Plans/site plans/scope of work (and Physical Needs Assessment if Applicable)
- Attachment P: Anticipated Development Schedule
- Attachment Q: Letters of Support from Community Stakeholders
- Attachment R: Management Plan and Marketing Plan for Affordable Housing Component
- Attachment S: Relocation Plan (if applicable)
- Attachment T: Certification and Agreement (attachment provided in Section VIII of application)
- Exhibit 1: Development Budget
- Exhibit 2: Post Rehabilitation Rental Housing Pro Forma
- Exhibit 3: Construction Costs
- Exhibit 4: HOME Assisted Unit Sizes
- Exhibit 5: Market Feasibility Study Checklist (To be included with Attachment M)

**NOTE: Additional documentation that must be submitted prior to any commitment and/or loan approval will include, but not limited to:** Final architectural plans/site plan/scope of work, Evidence of firm financing commitments, Cash Flow Analysis (Homebuyer projects), Building permits, Certificates of Hazard, Liability and Workman’s Comp. Insurance, Commitment for Title Insurance on any HOME loan, etc.

If not submitting online, PLEASE submit a hard copy of the entire application (any required signatures in blue ink) to:

**City of Spartanburg - Neighborhood Services  
PO Box 1749, Spartanburg SC 29304**

**ATTACHMENT A**

**REQUIREMENTS FOR NON PROFIT ORGANIZATIONS**

1. Name of Fiscal Officer: \_\_\_\_\_

Contact Information: Phone: \_\_\_\_\_

2. Federal ID Number: \_\_\_\_\_

3. Is agency exempt under Section 501 (c) (3) of the U.S. IRS Code?  Yes  No

4. Is agency a registered charity?  Yes  No

5. Attach a copy of Certificate of Incorporation.

6. Attach a copy of current list of Board of Directors.

7. Attach a copy of IRS Letter granting tax exempt status under 501 (c) (3).

8. Attach a copy of your Organization Chart.

9. Mission Statement of the Organization:

10. History of the Organization:

**Exhibit 1 – Development Budget**

	<b>Bank</b>	<b>Equity</b>	<b>HOME</b>	<b>Other</b>	<b>Total</b>
<b>Acquisition/Refinancing</b>					
Acquisition/Refinancing					
Other					
Total					
<b>Construction Cost</b>					
Contractor Price					
Contingency@ _____ %					
Total					
<b>Professional Fees</b>					
Legal					
Engineer/Architect Fees					
Environmental Review					
Total					
<b>Closing and Other Fees</b>					
Bank Commitment Fee					
Appraisal					
Bank Legal					
Title/Mortgage Tax					
Mortgage Insurance					
Survey					
Other _____					
Total					
<b>Carrying Costs</b>					
Construction Insurance					
Real Estate/Water/Sewer Tax					
Insurance					
Utilities					
Marketing					
Other _____					
Other _____					
Other _____					
Total					
<b>Total Development Cost</b>					



**Exhibit 2 – Post Rehabilitation Rental Housing Pro Forma**

Sources of Income		Monthly	Annually
<b>Residential Income</b>			
Gross Monthly Income (GMI)			
Vacancy (_____% of GMI)			
Net Monthly Income (GMI – Vacancy)			
<b>Commercial Income</b>			
Gross Monthly Income (GMI)			
Vacancy (_____% of GMI)			
Net Monthly Income (GMI – Vacancy)			
Total Sources of Income			
<b>Uses of Income</b>			
Taxes			
Water and Sewer			
Insurance			
Payroll			
Cleaning/exterminating			
Utilities (Leave blank if paid by tenant)			
Utilities common areas			
Management			
Painting			
Repairs/Replacement			
Landscaping/Garbage			
Legal/Accounting			
Building Reserve			
Other _____			
Other _____			
Other _____			
<b>Total Uses of Income</b>			
<b>Net Operating Income (Sources-Uses)</b>			

Debt coverage ratio (NOI/monthly debt service) \_\_\_\_\_

**Exhibit 3 – Construction Costs**

Item	Cost
General Conditions	
Demolition	
Site Work	
Concrete	
Masonry	
Metals	
Carpentry	
Roofing and Insulation	
Doors and Windows	
Finishes	
Equipment (appliances, cabinets, etc.)	
Plumbing	
Heating and Ventilation	
Electrical	
Other _____	
Other _____	
Other _____	
Other _____	
<b>Total:</b>	

**Exhibit 4 – HOME Assisted Units**

Unit No.	# of Bedrooms	Rent	Sq. Ft.
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

## Exhibit 5 – Market Feasibility Study Checklist

(Minimum required)

Project Description	
1	Target market/population description
2	Project description including unit features and community amenities
3	If rehabilitation, scope of work, existing rents and existing vacancies
Demographic Characteristics	
4	Population and household estimates and projections
5	Population and household characteristics including income, tenure, and size
6	For Senior or special needs projects, provide data specific to target market
Employment and Economy	
7	Employment Trends
8	Employment by sector
9	Unemployment rates
10	Area major employers/employment and proximity to site
11	Recent or planned employment expansions or reductions
Competitive Environment	
12	Comparable property profiles and photos
13	Existing rental housing evaluation including vacancy and rents
14	Comparison of subject property to comparable properties
15	Rental communities under construction, approved or proposed
16	For senior or special needs populations, provide data specific to target market
17	Availability and cost of other affordable housing options
Affordability, Demand, and Penetration Rate Analysis	
18	Estimate of demand
19	Affordability analysis with capture rate
20	Penetration rate analysis with capture rate
Analysis/Conclusions	
21	Absorption rate and estimated stabilized occupancy for subject
22	Market strengths and weaknesses impacting project
23	Recommendations or modifications to project
24	Subject property’s impact on existing housing
25	Risks or other mitigating circumstances impacting project projection
26	Interviews with area housing stakeholders
Other Requirements	
27	Certification and qualifications

All applications and copies must be received by 4:00pm on January 28, 2019; those received after the deadline will not be reviewed nor considered for funding.

**Please submit to:**

City of Spartanburg  
Neighborhood Services  
P.O. Box 1749  
Spartanburg, SC 29304  
Attention: Lisa Gosnell (FY2019-2020 HOME Application)