



City of Spartanburg
Neighborhood Services
440 S Church Street
Spartanburg, South Carolina 29306

HOME Investment Partnership Program

Project Development Funds

FY 2023 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, compete **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. _____	_____	_____	_____	_____

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
	TOTAL:	

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.

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

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

Exhibit 2 – Post Rehabilitation Rental Housing Pro Forma

Sources of Income		Monthly	Annually
Residential Income			
Gross Monthly Income (GMI)			
Vacancy (_____% of GMI)			
Net Monthly Income (GMI – Vacancy)			
Commercial Income			
Gross Monthly Income (GMI)			
Vacancy (_____% of GMI)			
Net Monthly Income (GMI – Vacancy)			
Total Sources of Income			
Uses of Income			
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 _____			
Total Uses of Income			
Net Operating Income (Sources-Uses)			

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 _____	
Total:	

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 February 3, 2023; those received after the deadline will not be reviewed nor considered for funding.

Please submit to:

City of Spartanburg
Neighborhood Services
440 S Church Street, Spartanburg, SC 29306
Monday - Friday / 8:00 am - 5:00 pm

Mailing Address:
P.O. Box 1749
Spartanburg, SC 29304

Attention: Lisa Gosnell (FY 2023 HOME Application)