

APPENDIX B

RPLP PROJECT DESCRIPTION AND QUESTIONNAIRE

Please *email* completed form to RPLP@nchfa.com

Due by February 9, 2024 at 5:00 PM

DATE:

1. Project name and address

Project Name	
Project APN	
Project Address	
Project City	
Project Zip Code	
Project County	

2. Intended uses of RPLP funds (check all that apply):

Rehabilitation Only	
Acquisition and Rehabilitation	
Replacement/Restructuring of Existing Debt	
Capitalized Operating Subsidy Reserve	

3. RPLP Projects must meet the following threshold criteria (check all that apply):

Has a recently expired Agency loan <u>OR</u> has an existing Agency loan that is within 1 year of the loan maturity date and the project is subject to Agency deed restrictions and is currently being monitored by the Agency	
Project's owner is in good standing with the Agency and eligible to apply for Agency programs	
Project has a need for rehabilitation	
Project already – or agrees to – participate in the Targeting Program, setting aside at least 10% of the total number of project units for occupancy by households containing persons with disabilities who will be referred to the property manager by DHHS	
Project must already have or establish at least 10% of units affordable to and set-aside for households earning at or below 30% of AMI or, for those projects receiving National Housing Trust Fund dollars, at or below the federal poverty line (whichever is greater)	
Project Tenant Selection Plan will meet the Agency published TSP requirements criteria and be approved by the Agency prior to issuance of Final Commitment letter	
Project will accept Key or HUD 811 PRA as the rental assistance source for Targeting Program tenants, if said assistance is determined needed and offered by the Agency	
Applicant has financial capacity to obtain any necessary permanent or construction financing necessary to successfully rehabilitate and stabilize the project, to the satisfaction of the Agency	

4. Please provide a brief description of the project, including the anticipated rehabilitation scope:

--

5. Current and Proposed AMI Unit Mix

	Current Units (#)	Proposed Units (#)
<=30% AMI		
31-50% AMI		
51-60% AMI		
61-80% AMI		
>80% AMI		
Total Units		

6. Project Contact Information:

Applicant Organization	
Project Contact Name	
Project Contact Title	
Mailing Address	
City	
Zip Code	
County	
Project Contact Office Email	
Project Contact Telephone	
Project Contact Cell Phone	

7. Project Team (if known)

Primary Project Contact (if different from applicant above):

Name		Phone	
Email			

Project Owner (if different from applicant above):

Name		Phone	
Email			

Application/Project Consultant (if any):

Name		Phone	
Email			

Architect:

Name		Phone	
Email			

General Contractor:

Name		Phone	
Email			

Property Management Company:

Company Name			
Contact Name		Phone	
Email			

Closing Attorney:

Name		Phone	
Email			

Certified Public Accountant:

Name		Phone	
Email			

8. Owner Type

	Local Government
	Public Housing Authority (PHA)
	Nonprofit Organization
	- Date of IRS 501(c)(3) determination letter
	For-profit Organization

9. Is there an equity investor part of the project's ownership entity? Yes No

10. Please attach the most current as-built survey.

11. Preliminary estimated development budget*

	Amount (\$)
Rehabilitation Costs (including contingency)	
Acquisition Costs (if applicable)	
Architect Design & Inspection	
Soft Costs	
Developers Fee	
Total	

*Final approved development budget will need to conform with the Agency's underwriting guidelines.

12. How were the rehabilitation costs determined?

13. Is there any rehabilitation needed that you have excluded from the scope of work? If yes, please describe.

14. Does your project have project-based rental assistance? Yes No

- If yes, how many units have project-based rental assistance?
- For projects without 100% of units with project-based rental assistance, do you plan on requesting RPLP Capitalized Operating Subsidy Reserve?
 Yes No

15. What are the current liens against the property (list all existing liens including the Agency loan)?

Lender	Payment Amount	Lien Position	Interest Rate	Current Balance

16. Proposed Sources of Funds

Lender	Payment Amount	Lien Position	Interest Rate	Total Amount
RPLP Loan				
Total:				