

**OFFICE OF AFFORDABLE HOUSING  
HOME PROGRAM APPLICATION SUMMARY  
FISCAL YEAR 2010/2011**

Name and Address of Applicant Organization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Location: \_\_\_\_\_

Brief Description: \_\_\_\_\_

- Check type:  Category A -Rehabilitation and Substantial Rehabilitation
- Category B - Acquisition and New Construction
- Category C - Homeownership Program

**Please complete questions for ALL projects:**

1. Total estimated project cost (all sources) \_\_\_\_\_

2. Total amount of Urban County HOME funds requested and percentage of total project cost: \$ \_\_\_\_\_%

3. Anticipated cost per housing unit or per client: \_\_\_\_\_

4. Number of affordable units\* in project: \_\_\_\_\_

5. Number of HOME-assisted units: \_\_\_\_\_

6. Anticipated low & very low income\*\*beneficiaries: \_\_\_\_\_

7. Anticipated date of project completion: \_\_\_\_\_

8. Anticipated date of occupancy: \_\_\_\_\_

9. Source of required 25% matching funds: \_\_\_\_\_

Date Available: \_\_\_\_\_

\*Units affordable to low and very low income individuals or families paying no more than 30% of their monthly household income for rent.

\*\* See attached HUD Program Income Limits

**COUNTY OF SANTA CLARA**

**OFFICE OF AFFORDABLE HOUSING  
HOME PROGRAM - FY 2010/2011**

**APPLICATION FOR FUNDING**

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

Name and Address of Applicant Organization: Name and Location of Project:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is applicant organization a faith-based agency? \_\_\_\_\_ Yes \_\_\_\_\_ No

**ORGANIZATION DIRECTOR:**

NAME : \_\_\_\_\_ SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

**PHONE #:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_ **EMAIL #:** \_\_\_\_\_

**CONTACT/PERSON/TITLE:** (if different) \_\_\_\_\_

**PHONE #:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_ **EMAIL #** \_\_\_\_\_

**PROJECT NAME:** \_\_\_\_\_

**HOME FUNDS REQUESTED** \_\_\_\_\_

**CITY FUNDS REQUESTED:** \$ \_\_\_\_\_

**OTHER SOURCES OF FUNDS FOR THIS PROJECT:**

| <b><u>SOURCE</u></b> | <b><u>ESTIMATED AMOUNT</u></b> | <b><u>STATUS*</u></b> |
|----------------------|--------------------------------|-----------------------|
|----------------------|--------------------------------|-----------------------|

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

25% MATCH \_\_\_\_\_

**ESTIMATED TOTAL PROJECT COST:** \$ \_\_\_\_\_

\*Should indicate the status of a funding source, i.e. indicate whether funds are already secured, committed, pending approval, applying for funds, etc. with anticipated dates.

1. **PROJECT DESCRIPTION:**

- a. Provide a description of your specific Urban County project. This description should clearly state what the project intends to provide or accomplish, and which specific activities HOME funds will be used for.
- b. Indicate which eligible HOME activity your project will address (see Category A on page 6 and Category B on page 7 of the HOME Program Description).
- c. Please describe the specific number and type of units, and expected income of clients.
- d. Indicate how your project will address the HOME criteria (see page 5 of the HOME Program Description). Also briefly explain how your project is consistent with the County's Consolidated Plan.\*

\*Copies of the Consolidated Plan are available at the OAH office.

**2. AGENCY DESCRIPTION:**

Please give a brief general description of your agency's experience in providing direct housing opportunities for low income persons.

**3. PROJECT PURPOSE AND OBJECTIVES:**

Identify the specific Urban County needs that the proposed project is designed to meet. Specify measurable objectives the project intends to accomplish, and identify desired outcomes and benefits of the project.

4. **PROJECT MANAGEMENT:**

Briefly describe how the project will be managed and administered, including proposed staff and their functions.

5. **AUDIT INFORMATION:**

Please provide the date of the most recent audit of your organization. Please describe any findings or concerns which may have been identified in the audit and/or any accompanying management letter. Also, describe all actions taken to correct these problems. Please do not attach audit.

**6. MATCHING FUNDS:**

Please provide a listing of all sources and amounts of funds necessary to match to proposed HOME allocations. Also, include the anticipated date and status of the match commitment(s).

(See instructions)

**7. LAYERING:**

Please provide an explanation as to why the specific amounts of HOME funds requested are necessary to implement the project and cannot be substituted with other non-federal sources, such as private bank loans, foundations, redevelopment funds, etc. (See instructions)

**8. LOAN TERMS:**

HOME funds are generally loans secured by a Deed of Trust on the development. Indicate your preference of loan terms, either 3% amortized over 30 years or 6% deferred for 30 years.