

CHECK ALL THAT APPLY:

This project benefits the homeless

Activity Type:

Rental

Homeowner

Project Type:

New Construction

Reconstruction

Conversion

Rehabilitation

Down Payment Assistance

Tenant Based Rental Assistance

Form of HOME Funds Requested:

Grant Direct Loan Interest Rate Requested: _____ Deferred Loan

Beneficiaries of the Project:

Disabled

Homeless

Elderly

Families

Single Non-Elderly

Youth

Persons with HIV/AIDS

Total number expected to serve:

Individuals _____ Small Households (2 – 4) _____ Large Households (5+) _____

Targeted Income Group

0 – 30% 31 – 50% 51 – 60% 61 – 80%

HUD Objective to be achieved: (Please check only one)

Creating suitable living environments

Providing decent affordable housing

Creating Economic Opportunities

Measurable outcome anticipated: (Please check only one)

- Availability/Accessibility
- Affordability
- Sustainability

Community Priorities (check the one that best describes your project)

- Housing preservation
- Housing production for homeownership
- Down payment and closing cost assistance
- Tenant Based Rental Assistance (TBRA)
- Special Needs Housing
 - Transitional housing
 - Permanent supportive housing
 - MR/DD, Developmental and Physical Disabilities
 - At risk youth
 - Elderly persons

SECTION III. PROJECT LEVERAGING – ALL APPLICANTS TO COMPLETE

Provide information on funds being leveraged to make this project happen. (Your match may be part of the leverage, but don't report only match funds.) Identify which source of funds is your match for this project.

Source of Funds	\$	Committed	Pending

SECTION IV. DEVELOPMENT – TO BE COMPLETED BY RENTAL & HOMEBUYER
CONSTRUCTION/DEVELOPMENT PROJECTS

Development Team

Developer:

General Partner(s):

Limited Partner(s):

General Contractors/Construction Managers:

Property Manager:

Project Pro Forma, including all development costs, uses of funds and operating costs must be attached for all rental and homebuyer construction projects to have the application considered.

The project pro forma is posted on the county's website and will be provided via email upon request. It contains two (2) files. One is labeled {Lake County_MF} and the other is labeled {Lake HOME Application Pro Forma} and they are both Microsoft Excel spreadsheets. Applicants are to complete all applicable tabs/pages in each file. Provide a hard copy attached to the original application and a copy of the completed disk.

Project Budget	(to be completed by all applicants)
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Budget Line Item	HOME Funds	Other Funds	Total
TOTAL			

SECTION V. PROJECT NARRATIVE – ALL APPLICANTS ARE REQUIRED TO COMPLETE THIS SECTION

Please answer the questions listed below. Total Narrative section must be no longer than four (4) type-written, single spaced pages, in 12 point font.

🏠 **Project need in Lake County**

- provide a detailed description of your project, including project location
- provide a statement of need that provides the rationale for the proposed activity
- how does this program compliment existing programs

🏠 **Immediacy and funding**

- is the project ready to begin immediately?
- what are your goals for start and completion of the project?
- provide a project timeline

🏠 **Project Budget Narrative**

- outline the proposed budget provided in Section IV.

🏠 **Capacity**

- describe your prior experience in administering, managing, and/or developing similar projects.
- describe roles and responsibility of individuals involved in project implementation

🏠 **Procedures**

- provide the methods that will be used by your agency to administer this project

SECTION VI. SUPPORTING DOCUMENTS/ATTACHMENTS – ALL APPLICANTS ARE REQUIRED TO COMPLETE

Attach the following documentation to your completed application:

- Map of project location(s)
- Project time line
- Site plans/Evaluations
- Project Pro Forma and related worksheets – both paper copy and copy on disk.
- Copy of 501 (c)(3) status for non-profit organizations
- Materials or documentation showing the need for the project (ex. Studies, statistics, research, etc.)
- Copy of your most recent financial statement and/or last audit
- A list of three (3) Personal References
- Proof of CHDO status
- Other: Please List

SECTION VII. SIGNATURE OF APPLICANT – ALL APPLICANTS ARE REQUIRED TO COMPLETE

Applicant
Typed Name: _____

Signature: _____

Date: _____