



Allegheny County Economic Development

Allegheny Housing Development Fund Program

2024 Application

APPLICANT INFORMATION

APPLICANT

Name of Applicant: _____

Mailing Address: _____

Federal Taxpayer ID Number: _____

If funds are awarded, you will need to register with the [System for Award Management \(SAM\)](#) and obtain a [Dun & Bradstreet D-U-N-S® Number](#) and also obtain a [CAGE number](#). If you are not familiar with this system, please contact ACED for information.

Please Select One:

Individual(s)	For-Profit Corporation
General Partnership	Not-for-Profit Corporation
Limited Partnership	Other

Has this entity been formed yet?	Yes	No
Is Applicant the Project Owner?	Yes	No
Is Applicant a Housing Consultant?	Yes	No
Is Applicant a Real Estate Developer?	Yes	No

Name(s) of Individual(s), Principal(s) in the Corporation; or General Partner(s) in the Partnership:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Designated Contact Person(s) for this proposal:

Name: _____ Name: _____

Telephone / Fax No.: _____ Telephone / Fax No.: _____

Email: _____ Email: _____

Non-Profits only: Please attach the following additional items:

- List of Officers, Names and addresses of current Board Members
- Is the Organization a certified CHDO?
- Copy of IRS 501(c) (3) certification
- Copy of by-laws and Articles of Incorporation

ACED CERTIFICATION OF EXPERIENCE

Organizational and Financial Capacity: List developments (name/address) completed within the past five years. *(You may instead include copies of the PHFA Exhibit for each of the members of the development team if completing a PHFA funding application.)* Please also include financial statements for your organization for the last two full years and the most recent two federal tax returns for the organization.

Role for this Certification:

Developer	Attorney	Architect
Architect	Management Agent	General Contractor

Development: _____

Location: _____

Development Name	Location	Type (family, senior, SRO, etc.)	No. Of Units	Completion Date	Full Lease-Up Date	Currant Occupancy Rate

Please use additional sheets as required The above list is an accurate representation of projects completed for which (firm) is the (role). By completing this form, I acknowledge that (firm) intends to participate in this development as (role).

Firm Signature: _____

Print Full Name: _____

Role: _____

Date: _____

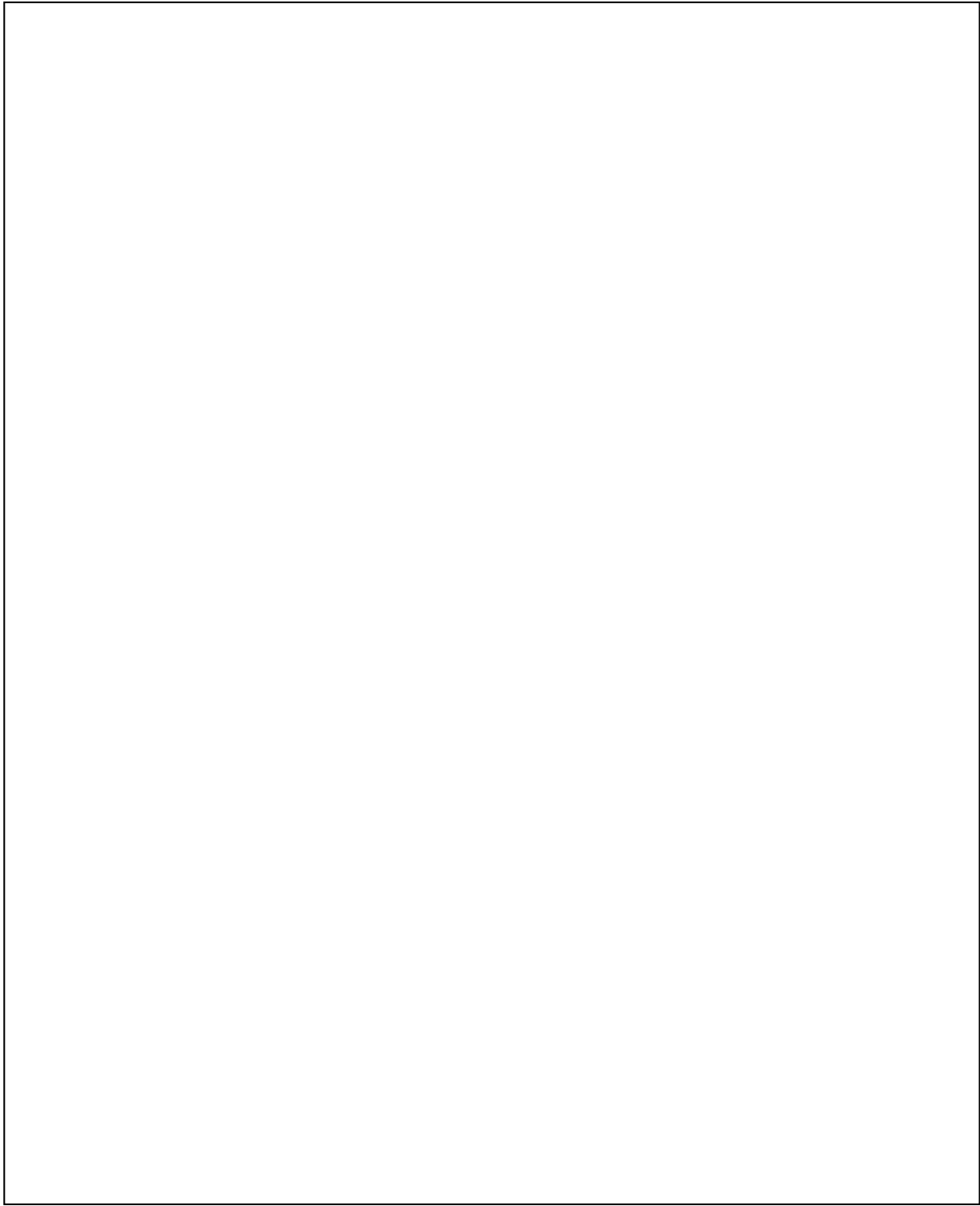
Project Description: Briefly describe the project (*Attach an additional sheet if necessary*)

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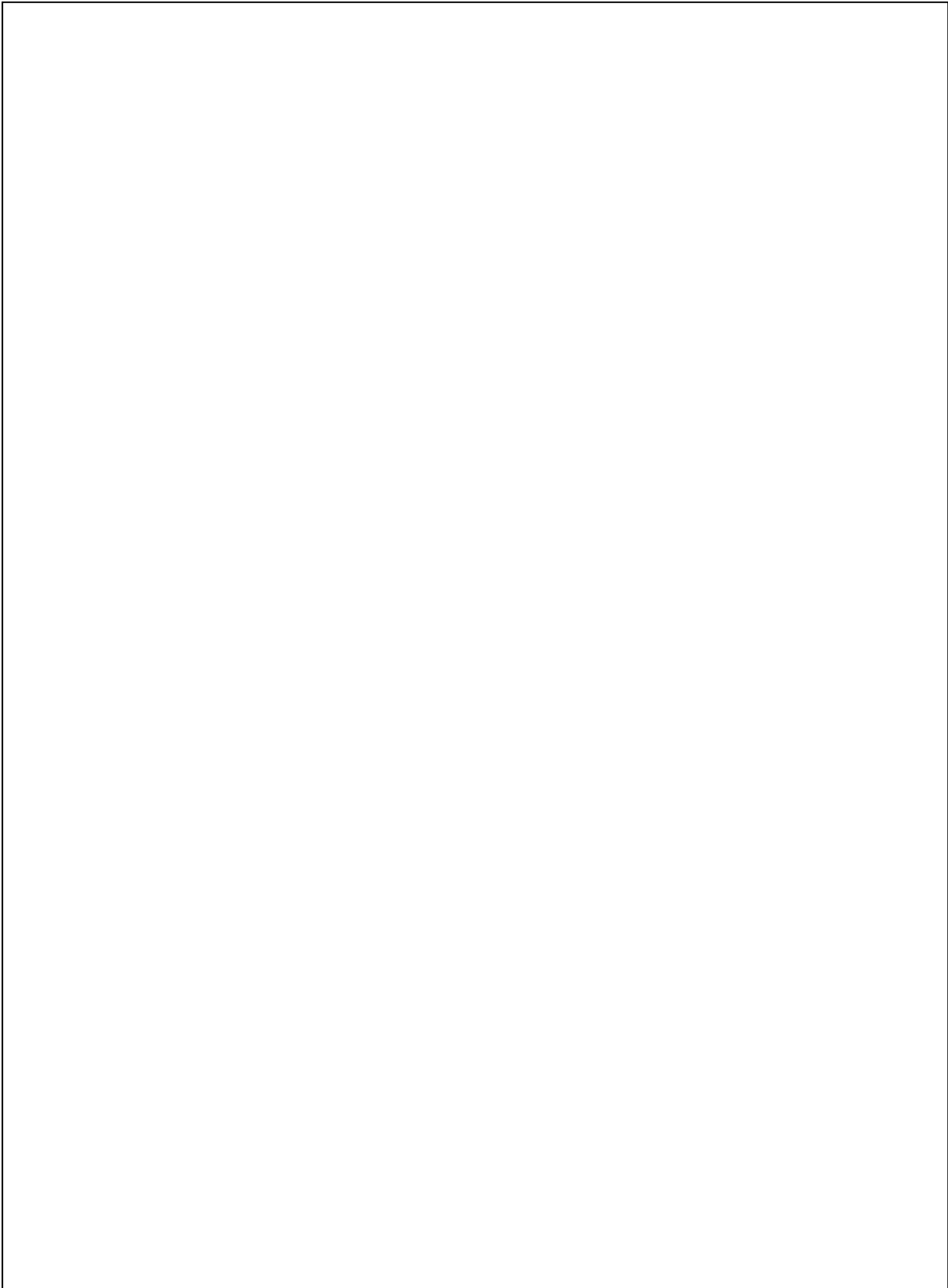
If the property is an occupied rental property, please provide a tenant survey with this application. Also, briefly indicate how the development will facilitate relocation of tenants:
(Attach an additional sheet if necessary)

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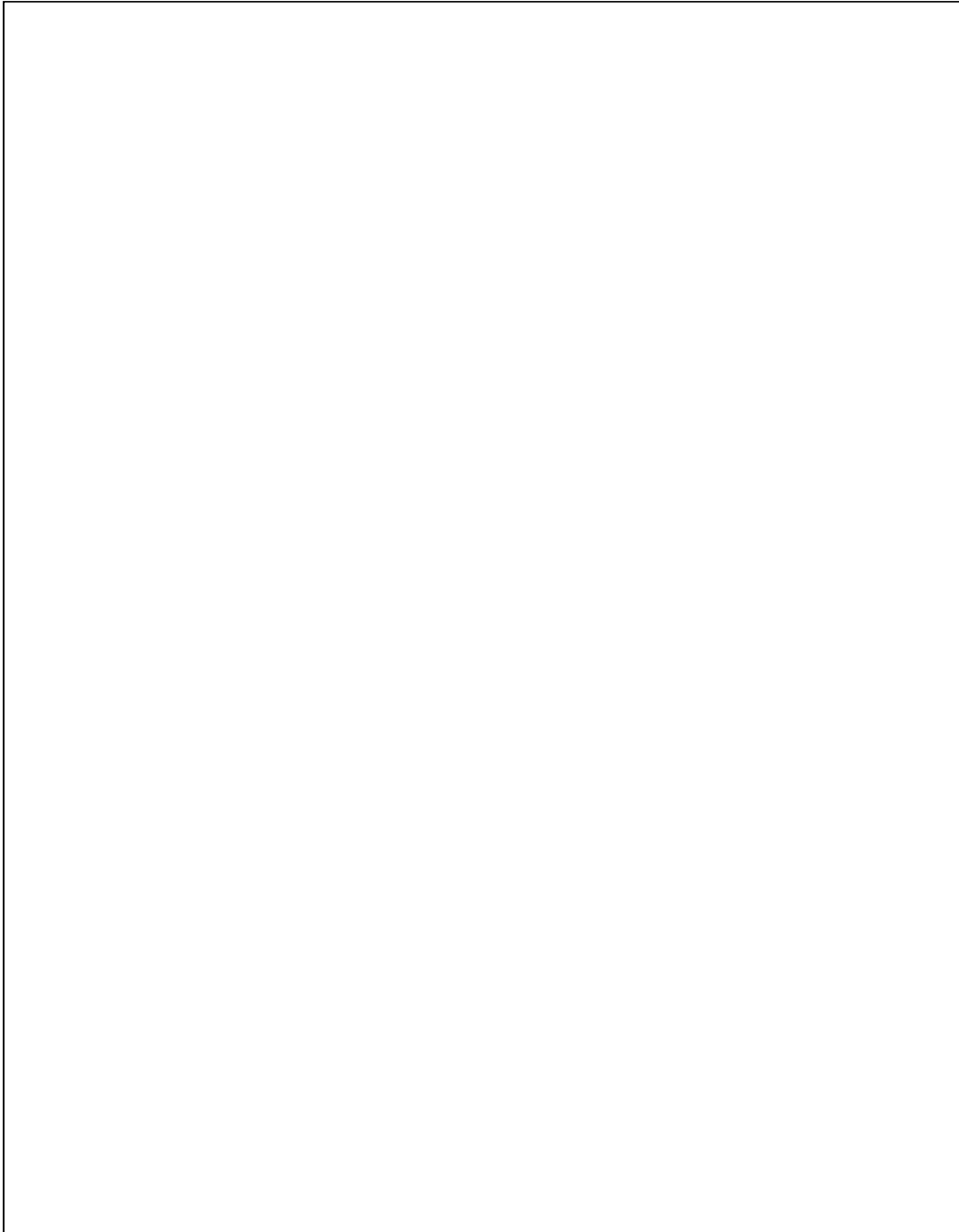
Mission/Objectives: Rationale for project – what community need is being met or mitigated?
(Attach an additional sheet if necessary)



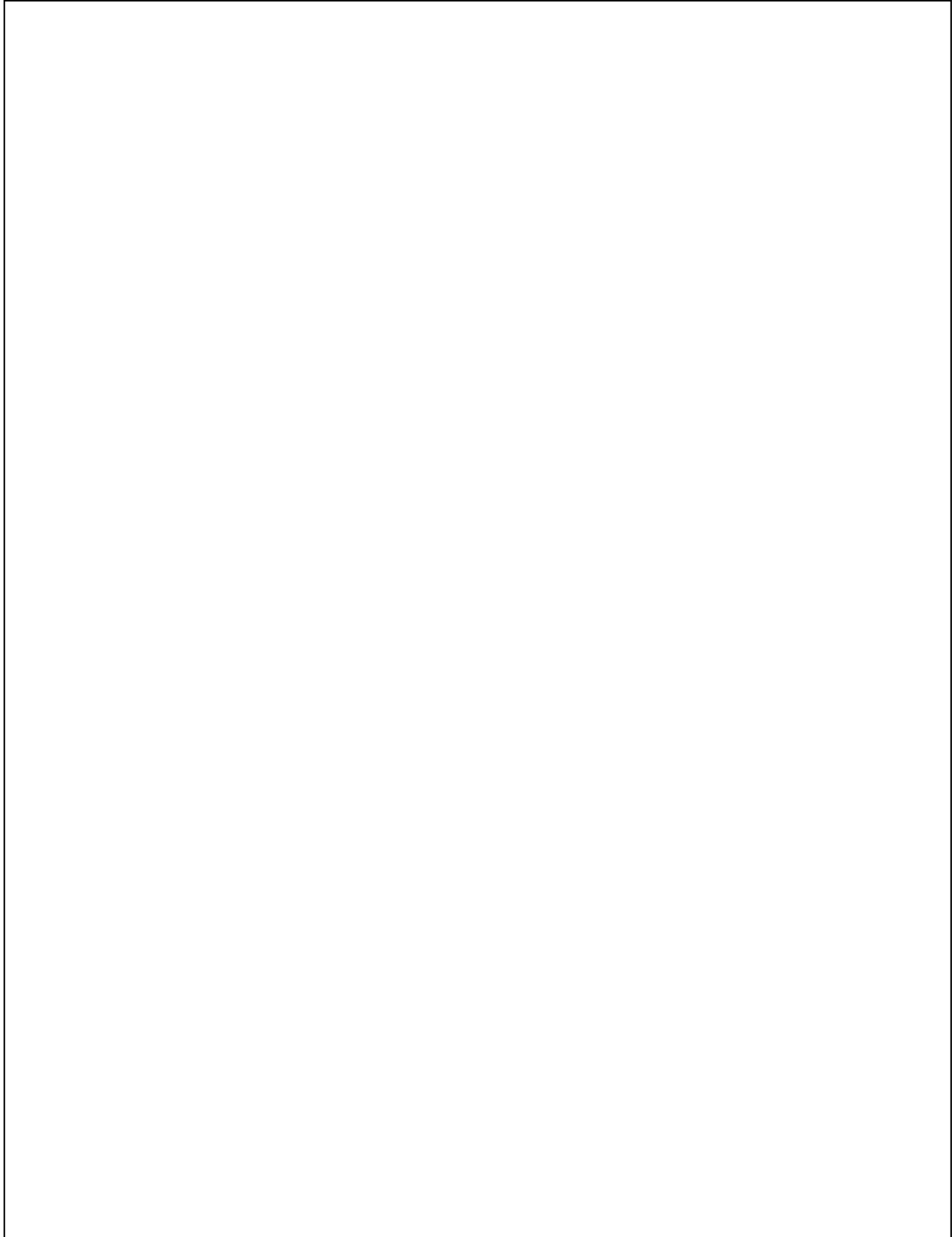
How was the problem / need identified? (*Attach an additional sheet if necessary*)



Has this need/problem been identified in the Allegheny County Five-Year Consolidated Plan?
Explain how this project will address priorities in the Consolidated Plan. (*Attach an additional sheet if necessary*)



How has the community (local officials, community organizations, residents, etc.) been involved in the project? (*Attach an additional sheet if necessary*)

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SITE INFORMATION

Do you currently own the subject property? Yes No

If yes, please indicate form of control: Purchase Option
Sales Agreement
Deed
Ground Lease

If no, how do you plan to acquire the property?

How long will it take to acquire this property?

Is the property properly zoned for this project: Yes No

If no, what timeline and steps to completion do you project to gain proper Zoning?
(Attach an additional sheet if necessary)

Are there other municipal approvals required? Yes No
(Subdivisions, building or sewer tap restrictions, etc.)

If yes, please explain briefly: *(Attach an additional sheet if necessary)*

Is the site served by public utilities? Please list below.

Utility	Provider	Distance to Site
Natural Gas		
Electric Service		
Water		
Sewer		

Architect / Contractor / Construction Information

Architect: _____

Address: _____

Contact: _____

Telephone / fax: _____

Email: _____

General Contractor: _____

Address: _____

Telephone / fax: _____

Email: _____

Project Schedule

Estimated Date: _____

Site Control: _____

Pre-development: _____

Closing / Construction Start: _____

Sales / Lease-up Completion: _____

DEVELOPMENT INFORMATION

FOR SALE INFORMATION - (Single Family Projects Only)

Please complete the chart below for the proposed development.

Number of Each:

Targeted Buyer	60% of Median Income
	80% Area Median Income
	100% Area Median Income
	Market Rate

Is a market study complete: Yes No

If yes, please provide now. If not, please provide when available.
(Attach an additional sheet if necessary)

If project targets multiple income groups, please list percentage expected of each group:

# of Bedrooms	# of Units REHAB	# of Units NEW	Proposed First Mortgage Amount	Proposed 2 nd Mortgage(s)	Square Ft. per Unit	Lot Width x Depth (approx.)	Income Target (% of Area Median Income)
2							
3							
4							
5							
Total:							

Please provide any (non-County) resale restrictions that this development will operate under (e.g., five- year FHLB Retention mechanism). *(Attach an additional sheet if necessary)*

REFER TO EXCEL DOCUMENT: Please complete the two affordability analysis sheet tabs labeled **Affordability Analysis Page 1** and **Affordability Analysis Page 2** provided in the AHDF Spreadsheets excel file.

RENTAL INCOME INFORMATION - (Multifamily Projects Only)

Please complete the chart below for the proposed development:

(If applicable)

	# of Units	Square Ft. Per Unit	# of existing Units	Current Rents	Utility Allowance (Paid by Tenant)	Income Target (% of Area Median Income)
Efficiency						
1 Bedroom						
2 Bedrooms						
3 Bedrooms						
4 Bedrooms						
5 Bedrooms						
Private Room						
SRO Rooms (shared bath)						
Total						

What utilities are included in the rent? Which are paid by tenant?(Attach an additional sheet if necessary)

REFER TO EXCEL DOCUMENT: Please provide a 30-year operating pro forma from a PHFA application or other funder application in a similar format to that of the Operating Budget tab provided in the AHDF Spreadsheets excel file.

Please indicate population to be served.

Family Housing Senior Housing Other , please specify: _____

What additional sources are Anticipated or Committed?

	<u>Anticipated</u>	<u>Committed</u>
Low Income Housing Tax Credits		
PHARE Funds		
Private Mortgage		
FHLB Affordable Housing Program Funds		
Other:		

REFER TO EXCEL DOCUMENT: *Please complete the two budget sheet tabs labeled: Budget (USES) and Budget (SOURCES) which are proved in the AHDF Spreadsheets excel file.*

FINANCING INFORMATION

Allegheny Housing Development Fund Financing Mechanism requested (see Program Description for more information):

Deferred Payment Loan (rental)	Construction Subsidy (homeownership)
Low Interest Loan (rental)	Deferred Second Mortgage (homeownership)

Please fill out the following Program Sources and Uses Budget Section:

Project Name: _____

Developer(s): _____

Location: _____

Scattered Sites / Single Site located at: _____

Developers: _____

Contractor: _____

Architect: _____

Engineer: _____

Location: _____

Project Description: _____

Sales Price

Total Development Cost

Other Construction Period Financing

Bank Loan

Developer Equity

Other:

Other:

Other:

Permanent Sources

Allegheny County Economic Development

Federal Home Loan Bank of Pittsburgh

PHFA

PA DCED

Other Allegheny County funds

Buyer's Take Out Loans

Other:

Other:

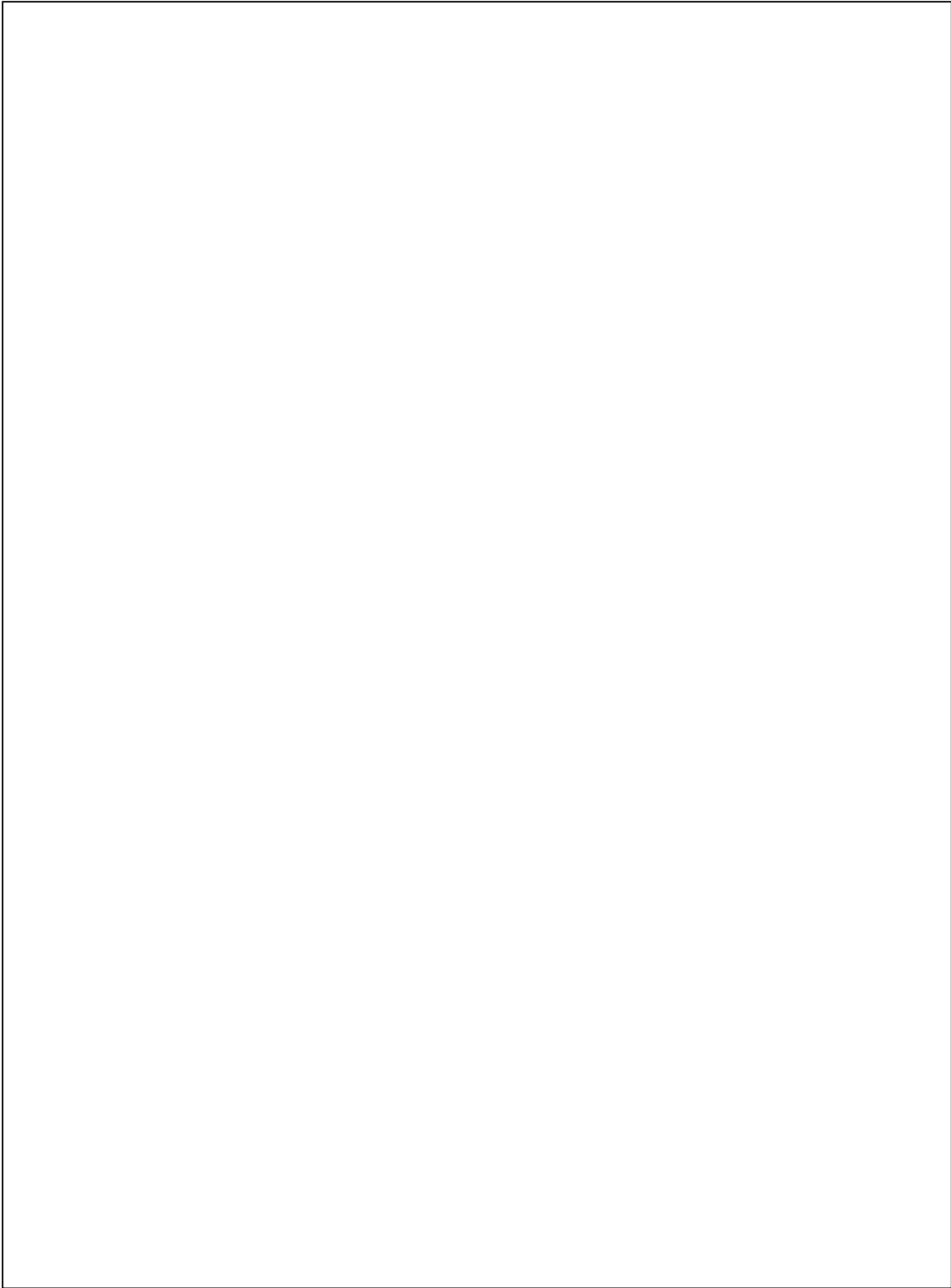
Other:

Total Funds

Project Benefit: (*Attach an additional sheet if necessary*)

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Summary: *(Attach an additional sheet if necessary)*



Lender Information

If you plan to borrow funds from a lender to finance the project costs, please indicate the following:

Lender Name: _____

Lender Address: _____

Contact Person: _____

Telephone Number: _____

Mortgage Amount: _____

Commitment in place: Yes No

If there is a private equity source (Tax Credit projects), please provide the syndicator information:

Name: _____

Address: _____

Contact Person: _____

Telephone Number: _____

Funds Amount: _____

Commitment in place: Yes No

If there is another source (Tax Credit projects), please provide that information:

Name: _____

Address: _____

Contact Person: _____

Telephone Number: _____

Amount: _____

Commitment in place: Yes No

Acquisition Financing

If you currently own the property, please complete the following:

Purchase Price: _____

Date of Acquisition: _____

Lender: _____

Mortgage Amount: _____

Outstanding Principal Balance of Mortgage: _____

Monthly Mortgage Payment: _____

Mortgage Interest Rate: _____

Mortgage Term: _____

Mortgage Payoff Amount: _____

Signature* Section To the best of my knowledge and belief, the statements and data in this application are true and correct and its submission has been duly authorized by the governing body of the applicant. With this submission, I also agree to follow all rules and regulations governing federal (CDBG, HOME), state and county funding. PLEASE SIGN AND SCAN THIS SIGNATURE PAGE AND INCLUDE WITH YOUR COMPLETED APPLICATION. HARD COPY SIGNATURES ARE NOT REQUIRED AT THIS TIME.

Signature

Name: _____ Title: _____

Date: _____

* Additional signature(s) required only in the case of "multi-organizational" applications. If this is a "multi-organizational" application, the head of each entity making application must sign. Attach an additional sheet if necessary.

Additional Signatures: *(Attach an additional sheet if necessary)*

Signature

Name: _____

Title: _____

Date: _____

Signature

Name: _____

Title: _____

Date: _____

Please return the original application -- this section fully completed with a SCANNED signature + any attachments + the fully completed Excel Spreadsheets section of the application -- and one (1) copy of the entire application via email to:

nathan.wetzel@alleghenycounty.us