

Project Based Voucher Request for Qualifications

APPLICATION FORM

Project Based Voucher Application

Fresno Housing Authority

I. Developer/Applicant Information

- a. Organization Name: _____
- b. Organization Address: _____
- c. City: _____ Zip _____
- d. Federal Tax ID Number: _____
- e. Sponsor Organization Type (check only one):
 - i. Community Housing Development Organization ☐
 - ii. Nonprofit Housing Developer ☐
 - iii. Nonprofit Community Organization ☐
 - iv. For-profit Housing Developer ☐
 - v. Other (please specify): _____
- f. Executive Director: _____
- g. Telephone: _____
- h. Email: _____
- i. Project Contact: _____
- j. Telephone: _____
- k. Email: _____

II. Development Consultant (if applicable)

- a. Organization Name: _____
- b. Consultant Name: _____
- c. Telephone: _____
- d. Email: _____

III. Application Category (Check all that apply)

- a. ☐ Category 1: Replacement Homekey Program
- b. ☐ Category 2: New Homekey Program

IV. PBV Type Request (Check all that apply)

- a. ☐ Standard PBV
- b. ☐ HUD-VASH PBV

V. Experience

- a. Does the applicant have experience owning and operating affordable housing?
☐ Yes ☐ No Specify how many years:_____
- b. Does the applicant have experience participating in the project-based voucher program?
☐ Yes ☐ No Specify how many years:_____
- c. Does the applicant have experience owning and operating permanent supportive housing?
☐ Yes ☐ No Specify how many years:_____
- d. Does the applicant have experience managing a supportive housing team?
☐ Yes ☐ No Specify how many years:_____
- e. Describe your experience in training and hiring Section 3 residents and utilizing minority and woman-owned business enterprises (MBE/WBE) and plans to use such persons and businesses for the activities covered by this solicitation?

- f. Describe your experience providing services and working with homeless Veteran population.

- g. References:

Reference 1 Name: _____
Company: _____
Phone Number: _____
Email Address: _____

Reference 2 Name: _____

Company: _____

Phone Number: _____

Email Address: _____

Reference 3 Name: _____

Company: _____

Phone Number: _____

Email Address: _____

- h. Does the applicant have any additional information they would like to include?

VI. Description of Project

- a. ☐ New Construction ☐ Substantial Rehabilitation ☐ Existing Housing

- b. Address of Property:

- c. Will the project cause displacement of existing tenants?

☐ Yes ☐ No If Yes, Include a tenant relocation plan.

- d. Complete the following for each project that you propose to construct and designate the number of units by unit type to which you are proposing to attach assistance.

BEDROOM SIZE	Total # of Units	# of Units to be Assisted with PBV
SRO		
0 Bdrm		
1 Bdrm		
2 Bdrm		
3 Bdrm		
4 Bdrm		
5 Bdrm		

- e. How many units of the total requested PBV assistance are accessible to persons with disabilities? _____
- f. Does the proposed design meet Fair Housing Accessibility?
☐ Yes ☐ No
- g. Please list all utilities and who will be responsible to pay in addition to any rent portion:
i. Property: _____
ii. Tenant: _____
- h. Will there be adequate office space for an on-site services team?
☐ Yes ☐ No
- i. Provide a brief narrative of the services available near the property. Be sure to include information about the distance to a public transit stop, public park, public library, supermarket, pharmacy, public medical clinic or hospital, public school, or senior center.

- j. Will the project be located in:
Census tract # _____
- ☐ A low poverty census tract (less than 20%)
- ☐ A census tract that is a HUD-designated Enterprise Zone, Economic Community, or Renewal Community
- ☐ A census tract that is undergoing significant revitalization
- ☐ The area where State, local, or federal dollars have been invested that has assisted in the achievement of the statutory requirement
- ☐ The same census tract where new market rate units are being developed and such market rate units will positively impact the poverty rate in the area
- ☐ An area where the poverty rate is greater than 20 percent and in the past five years there has been an overall decline in the poverty rate.
- ☐ A census tract where there are meaningful opportunities for educational and economic advancement

VII. Financial Information

- a. Indicate the monthly contract rent expected under the Project- Based Voucher Program. Include a proposed 20-year operating budget. All units awarded PBVs shall be restricted at 30% AMI or less.

<u>Size of Units</u>	<u>Number of Units</u>	<u>Tenant Rent Estimated/Unit</u>	<u>Contract Rent Estimated/Unit</u>
Studio	_____	_____	_____
1 Bedroom	_____	_____	_____
2 Bedroom	_____	_____	_____
3 Bedroom	_____	_____	_____
4 Bedroom	_____	_____	_____
5 Bedroom	_____	_____	_____

NOTE: Proposed contract rents must not exceed the lower of 110% of the established Fair Market Rents as published by HUD or the Housing Authority payment standard, including any area wide exception Payment Standard if applicable.

- b. Please identify the security deposit requirements \$_____
- c. Identify other charges not included with rent, i.e. parking, taxes, insurance_____
- d. Provide a brief narrative on how you plan to finance the new construction or rehabilitation. Include a proposed development budget and operating proforma:

- e. Attach evidence of financing commitments, e.g., award or notification letters, published lists of allocation awards, etc.

VIII. Tenants

- a. Please attach your written tenant selection criteria and plan to fill the PBV assisted units. At a minimum the plan must state that all vacancies will be filled by eligible applicants referred from the Agency's waiting list and must describe, with specificity, the property's tenant screening criteria. (**Category 1 and 2:** Tenants that are experiencing homelessness or at risk of experiencing homelessness and who are impacted by the COVID-19 pandemic as well as tenants who need the

services provided on-site or off-site through the owner may receive a preference for admission to the site.)

- b. Please attach your operating manual and identify specific occupancy policies that assure retention.

IX. Supportive Services (Category 1 and 2)

- a. Does the property agree that non-participation in services is not grounds for termination?

☐ Yes ☐ No

- b. Does the property agree that any rental assistance provided cannot be used to pay for services?

☐ Yes ☐ No

- c. Describe all supportive services that are to be provided:

Type of Service	FTE	Service Provider	Term of Service Commitment	Financial Commitment For Services	Onsite Yes/No
Case Manager					
Services Coordinator/Other Service Specialist					
Health related classes					
Substance use disorder services					
Independent living					
Meal services					
Transportation Services					
Education and employment services					
Health or behavioral health services provided by an appropriately-licensed organization or individual					
Mental health services provided by an appropriately licensed organization or individual					
Other tenancy support services					

Please provide a brief explanation of these or any additional services:

X. Site Selection (Category 1 and 2)

a. Describe all site selection services that are to be provided:

Type of Service	Distance from Project Site	Service Provider	Term of Service Commitment	Financial Commitment for Services	Onsite Yes/No
Transportation					
Grocery Store					
Health Facility					
Library					
Pharmacy					

Please provide a brief explanation of these or any additional site selection services:
