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# 2023 Combined Funders Application (CFA)

# Application Requirements Checklist - State Housing Trust Fund (HTF) Version

# FOR MULTIFAMILY/RENTAL PROJECTS

# [NOFA #MHU-2023-02]

All of the information and documents identified below must be checked and included in/with your 2023 Housing Trust Fund (HTF) Multifamily Rental application. **If something is not applicable, please use the “Missing or Not Applicable Items” space provided below to explain why it is not applicable to your proposed project.**

# Application Documents

## Required

|  |  |  |
| --- | --- | --- |
| **2023 MFR CFA Sections** |  | Project Narrative |
| **2023 MFR CFA Forms** |  | Project Data |
| **2023 Commerce Affidavits** |  | Acknowledgement of Requirements |
| **2023 HTF MFR - Addendum** |  | Supplemental Narrative |
|  | | |

## Optional

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Document Type** | **Requirement** | **Attached** | **n/a** |
|  | 9% LIHTC Self Score worksheet | Project financing includes 9% Low Income Housing Tax Credits |  |  |
|  | 4% LIHTC Self Score worksheet | Project financing includes 4% Low Income Housing Tax Credits |  |  |
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# Attachments

## Tab 1

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| **#** | **Document Type** | **Requirement** | **Attached** | **n/a** |
| 1 | Per-Project Funding Limit Waiver Approval | Current project request greater than $5 million |  |  |
| 3 | ESDS-related Waiver Approval | Applicant has confirmed nonstandard compliance path with ESDS Program Manager |  |  |
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## Tab 2

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| **#** | **Document Type** | **Requirement** | **Attached** | **n/a** |
| 1 | Preliminary Drawings and Site Plan: |  |  |  |
|  | * elevations, typical floor plans, descriptive building sections, site plan, and roof plan. | New Construction projects |  |  |
|  | * typical floor plans, primary elevations, descriptive building section, site plan and roof plan | Projects involving interior reconfiguration, exterior improvements, or newly constructed additions |  |  |
|  | * current floor plans, for each floor if they differ | Projects in existing buildings |  |  |
|  | * Site Plan of off-site improvements | If project includes off-site improvements |  |  |
| 2 | Neighborhood Amenities Map | If site identified |  |  |
| 3 | Documentation of Site Control | See [HTF Handbook](https://deptofcommerce.app.box.com/s/f89ytc0qtime7dl6wpqke5h2zl1jwzlm) |  |  |
| 4 | Title Report | See [HTF Handbook](https://deptofcommerce.app.box.com/s/f89ytc0qtime7dl6wpqke5h2zl1jwzlm) |  |  |
| 5 | Outline Specifications | If project includes construction activities |  |  |
| 6 | Photos of Proposed Site(s)   * clear, original photographs of the subject property * clear, original photographs of any affected buildings/structures constructed more than 49 years ago. *An overall front view of each structure is required, as well as any other views necessary to fully describe the structure(s) and the proposed undertaking*. | If site identified |  |  |
| 7 | Zoning Approval Letter/Verification of Zoning Status | If site identified |  |  |
| 8 | Phase I Environmental Site Assessment | See [HTF Handbook](https://deptofcommerce.app.box.com/s/f89ytc0qtime7dl6wpqke5h2zl1jwzlm) |  |  |
| 9 | Phase II Environmental Site Assessment | If recommended by Phase I |  |  |
| 10 | Limited survey for Asbestos, Lead and Mold | If Rehab of Existing |  |  |
| 11 | Limited survey for Wetlands | If Vacant Land |  |  |
| 12 | Documentation of methamphetamine contamination testing results | Projects involving existing structures (acquisition/rehab, new construction including demolition) |  |  |
| 13 | Letter from local school board verifying an opportunity for community members to offer input on the proposed project at the first scheduled school board following the submission of this Application. | If project serves families with children |  |  |
| 14 | ESDS Project Priorities Survey | All projects |  |  |
| 15 | ESDS Sustainable Development Outline Form | All projects |  |  |
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| Missing or Not Applicable Items If any item listed above is not checked or is not applicable to the project, reference the item or specific document and provide an explanation here: | | | | |
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## Tab 3

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| **#** | **Document Type** | **Requirement** | **Attached** | **n/a** |
| 1 | Market Study | See [HTF Handbook](https://deptofcommerce.app.box.com/s/f89ytc0qtime7dl6wpqke5h2zl1jwzlm) |  |  |
| 2 | Letter from local jurisdiction confirming project’s consistency with the jurisdiction’s Growth Management Act-required Comprehensive Plan | All projects |  |  |
| 3 | Letter from local jurisdiction confirming project’s consistency with local Plan to End Homelessness | All projects serving Homeless households |  |  |
| 4 | Letter from relevant Department of Social and Health Services regional office approving the project | IDD projects only |  |  |
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| Missing or Not Applicable Items If any item listed above is not checked or is not applicable to the project, reference the item or specific document and provide an explanation here: | | | | |
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## Tab 4

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| **#** | **Document Type** | **Requirement** | **Attached** | **n/a** | |
| 1 | Tenant Relocation Plan | Projects including relocation |  |  | |
| 2 | Samples of the General Information Notice issued to all current occupants | Projects including relocation |  |  | |
| 3 | Drafts of Move-In Notices | Projects including relocation |  |  | |
| 4 | Drafts of Notices re: displacement and benefits | Projects including relocation |  |  | |
| 5 | Approval letter from local government agency with jurisdiction over tenant relocation issues | Projects including relocation |  |  | |
| 6 | List of existing residential and commercial tenants (include all occupants, with or without leases). Include the following information: | Projects including relocation |  |  | |
| * type of occupancy (renter vs homeowner), household size, unit size, and household income and rent information that is current as of the date of application. Vacant units should also be listed with the move-out date of the last tenant. * do **NOT** include the names of the residential tenants. | If residential occupants being relocated |  |  | |
| * name and type of business, length of occupancy, and current lease terms. | If commercial occupants being relocated |  |  | |
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| Missing or Not Applicable Items If any item listed above is not checked or is not applicable to the project, reference the item or specific document and provide an explanation here: | | | | |
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## Tab 6

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| **#** | **Document Type** | **Requirement** | **Attached** | **n/a** | |
| 1 | 3rd Party Construction Cost Estimate  To be broken down by Division, along either Building Systems or Materials | All projects involving construction activities |  |  | |
| 2 | Capital Needs Assessment  To include Narrative *and* Lifecycle Cost Analysis (including replacement Reserve analysis) | Rehab except “Gut” rehab |  |  | |
| 3 | Appraisal (if project involves Acquisition)  or  Property Tax Assessment (if property already owned by, or donated to, applicant) | All projects with an identified site |  |  | |
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| Missing or Not Applicable Items If any item listed above is not checked or is not applicable to the project, reference the item or specific document and provide an explanation here: | | | | |
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## Tab 7

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| **#** | **Document Type** | **Requirement** | **Attached** | **n/a** | |
| 1 | Funding Commitment Letters | If other sources committed |  |  | |
| 2 | Letters for Committed Donations (including Sponsor Donations) | If project funding includes specific donations |  |  | |
| 3 | Capital Campaign Plan | If project funding includes capital campaign |  |  | |
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| Missing or Not Applicable Items If any item listed above is not checked or is not applicable to the project, reference the item or specific document and provide an explanation here: | | | | |
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## Tab 8

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| **#** | **Document Type** | **Requirement** | **Attached** | **n/a** | |
| 1 | Documentation of rental assistance commitment | Projects including rental assistance |  |  | |
| 2 | Documentation of Utility Allowance calculations and schedule | All projects except where owner pays all utilities |  |  | |
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| Missing or Not Applicable Items If any item listed above is not checked or is not applicable to the project, reference the item or specific document and provide an explanation here: | | | | |
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## Tab 9

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| **#** | **Document Type** | **Requirement** | **Attached** | **n/a** |
| 1 | Development Consultant Agreement | If 3rd party Development Consultant engaged |  |  |
| 2 | Project Ownership Entity ownership chart | Unless project simply owned by applicant |  |  |
| 3 | Secretary of State certification of existence  (RCW 24.03) | All projects |  |  |
| 4 | Signed board resolution authorizing application submittal | Sponsor is a board-controlled entity |  |  |
| 5 | Board Composition list | Sponsor is a board-controlled entity |  |  |
| 6 | 501(c)3 letter of determination from IRS | All projects |  |  |
| 7 | Resumes of development team members | All projects |  |  |
| 8 | Audit reports with financial statements for the past three years (plus year to date statements from the most recent fiscal quarter) with the parent organization and subsidiaries broken out, in addition to consolidated totals. Include any management letters from the auditor | Unless previously submitted for organization for this year |  |  |
| 9 | Map displaying Service Area of owner organization | Unless previously submitted |  |  |
| 10 | Tax return 990 forms for the last three years from all underlying developers, owners, and guarantors | Unless previously submitted |  |  |
| 11 | Documentation of “Good Standing” status with a local public funder (city, county, etc.). | Applicants with no prior history with HTF |  |  |
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| Missing or Not Applicable Items If any item listed above is not checked or is not applicable to the project, reference the item or specific document and provide an explanation here: | | | | |
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## Tab 10

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| **#** | **Document Type** | **Requirement** | **Attached** | **n/a** |
| 1 | Committed service plan | Project will provide services |  |  |
| 2 | Services provision Memorandum of Understanding | Services provided by 3rd party |  |  |
| 3 | Plan for moving tenants to self-sufficiency | Supportive housing project |  |  |
| 4 | Examples of assessment tools used | Supportive housing project |  |  |
| 5 | Services funding commitment letters | If funding secured |  |  |
| 6 | On-site services partnership letter | If on-site services to be provided by partner organization |  |  |
| 7 | Community Behavioral Health Treatment provider partnership agreement | CMI project with services provided by 3rd party |  |  |
| 8 | Letter from DDA assuring that identified supportive services are consistent with industry standards | IDD project |  |  |
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| Missing or Not Applicable Items If any item listed above is not checked or is not applicable to the project, reference the item or specific document and provide an explanation here: | | | | |
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# Self-Certification of Threshold Requirements

I, NAME OF AUTHORIZED OFFICIAL, TITLE OF AUTHORIZED OFFICIAL of SPONSOR ORGANIZATION, acknowledge that:

* I have completed the self-certified threshold checklist and that all the required documentation necessary to review this application has been included.
* I have read and understand the affidavits above.

**ORIGINAL SIGNATURE OF AUTHORIZED OFFICIAL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signature** |  |  | **Date** |  |

|  |  |
| --- | --- |
| **Name** |  |
|  |  |
| **Title** |  |
|  |  |
| **Organization** |  |
|  |  |
| **Project** |  |