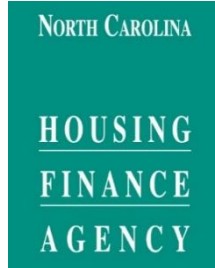


# North Carolina Housing Finance Agency



*Supportive Housing Development Program*

## ***2024 Application for Funding Part 1***

### **SHDP APPLICATION INSTRUCTIONS**

After your site is approved, complete Part 1 and Part 2 of the application.

There are two parts to the complete application:

- Application Part 1: includes a narrative, project description, and exhibits, plus preliminary site plans.
- Application Part 2: includes the development budget, sources of funds, income/expenses, and pro forma.

Both Application Part 1 and Part 2 must be submitted to have a complete application.

Applications are due electronically via the SHDP Portal by

**March 4, 2024 at 5:00 PM**

*Applications will be accepted beginning February 2, 2024 up until the deadline.*

For information, please contact SHD Staff at [SHDevelopment@nchfa.com](mailto:SHDevelopment@nchfa.com)

*Please read the 2024 Application Guidelines **before** completing Application Part 1 and Part 2.*

# 2024 SHDP APPLICATION PART 1

Please upload this completed form and exhibits to the Portal.  
If you have any questions email the

Supportive Housing Development Team at  
[SHDevelopment@nchfa.com](mailto:SHDevelopment@nchfa.com)

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

## SECTION 1 – APPLICANT/OWNER INFORMATION:

AMOUNT OF SHDP FUNDING REQUESTED: \_\_\_\_\_

Applicant Organization Name:		
Federal Tax Payer ID Number:		
DUNS Number (if applicable):		
Contact Name/Title:		
Organization Address:		
City:	State:	Zip Code:
Contact Phone:	Cell:	Email:
<b>OWNERSHIP TYPE</b>		
<input type="checkbox"/> Government Entity	<input type="checkbox"/> For-profit (Olmstead only)	<input type="checkbox"/> Nonprofit (Date of IRS 501(c)(3) determination letter _____)

If project will be owned by another entity, list Organization name:	
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Name of Authorized Official to Negotiate and Sign Legal Contracts:		
Title:		
Address:		
City:	State:	Zip Code:
Contact Phone:	Cell:	Email:

**EXHIBIT 1 – NONPROFIT DOCUMENTATION:** If applicant is a nonprofit organization, the documents listed below must be uploaded.

- Exhibit 1 - Articles of Incorporation
- Exhibit 1 - Bylaws
- Exhibit 1 - IRS 501(c)(3) Determination
- Exhibit 1 - Board of Directors (Current list including name, address, beginning and ending term dates)

Provide a brief history of the Applicant Organization, including purpose, current programs, number of staff persons, recent initiatives, etc.



<b>LOCAL GOVERNMENT - Local political jurisdiction in which the project will be located:</b> <i>Obtaining political support for project prior to submitting Application is strongly recommended</i>		
Name of City, Town, or County:		
Local Government Contact Name:		
Address:		
City:		Zip Code:
Contact Phone:	Cell:	Email:

ADMINISTRATIVE RESTRICTIONS	YES/NO
Has the Applicant organization received an unsatisfactory rating on a publicly funded project or been debarred for any period of time?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has the Applicant organization been involved in any lawsuit?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are there any outstanding judgments against the Applicant organization?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has the Applicant organization been involved in mortgage default within the last 5 years on any federally or state funded project?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If answered yes to any of the above, please provide a short explanation:	

**EXHIBIT 2 – AUDITED FINANCIAL:** Attach the most recent financial statement audit which includes an opinion from a Certified Public Accounting firm, and is within 12 months of the end of the Applicant’s fiscal year. If the Applicant’s fiscal year does not align with the SHDP application cycle, the applicable fiscal year is at the Agency’s discretion.

- Exhibit 2 – Audited Financial

**EXHIBIT 3 – ORGANIZATION BUDGET:** Submit a copy of the Applicant organization’s current year annual operating budget. The budget should include both income and expenses.

- Exhibit 3 – Organizational Budget

**EXPERIENCE:**

Please provide the following information	RESPONSE
Number of multi-family projects <b>developed by Applicant</b> in past 7 years	
Number of households currently <b>assisted</b> by Applicant with <b>housing</b>	
Number of households currently <b>assisted</b> by Applicant with <b>services</b>	
Number of multi-family projects <b>developed by Consultant</b> in the past 7 years, if applicable	
Number of <b>properties the Applicant</b> is the <b>Owner</b>	
List any projects that received NCHFA SHDP funding below:	
Has the Applicant Organization received a building permit for all projects recently funded by SHDP and/or SHARP?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A



**EXHIBIT 4 – ORGANIZATION EXPERIENCE:** Upload a description of the multi-family housing development experience of the Applicant for the last 7 years. Include the name of each project, number of units, types of financing, and indicate whether financed with any public funds.

- Exhibit 4 – Development Experience

**EXHIBIT 4 – HOUSING DEVELOPMENT CONSULTANT EXPERIENCE AND CONTRACT:** If the Applicant does not have the required multi-family housing development experience in the last 7 years, upload as Exhibit 4 a signed letter from the Housing Development Consultant detailing his or her experience in serving as a consultant in publicly financed, affordable multi-family housing in the last 7 years. Also upload a copy of the executed contract between the Applicant and the Housing Development Consultant.

- Exhibit 4 – Consultant Experience
- Exhibit 4 – Consultant Contract

**EXHIBIT 5 – CONFLICT OF INTEREST POLICY:** Upload a copy of the Applicant organization’s Conflict of Interest Policy (COI). This policy can be extracted from the applicant organization Bylaws, or can be a separate Board statement.

- Exhibit 5 – Conflict of Interest Policy

**EXHIBIT 5 – FINANCIAL INTEREST:** Upload a list of all individuals associated with the Applicant or the Ownership entity that have a reportable financial interest in the project. Detail the type of participation in the project, percentage, and dollar amount of financial interest in the project (i.e. broker, contractor, board member, or other professional).

- Exhibit 5 – Financial Interest

**SECTION 2 – PROJECT INFORMATION:**

Project Name:				
Address:				
City/County:			Zip Code:	
<b>Project Type</b>				
<input type="checkbox"/> New Construction		<input type="checkbox"/> Acquisition and Rehabilitation		
<input type="checkbox"/> Acquisition Only		<input type="checkbox"/> Rehabilitation Only		
<input type="checkbox"/> Single Family Detached	<input type="checkbox"/> Multi-family Apartments	<input type="checkbox"/> Facility	Other:	
<b>Housing Type</b>				
Select the appropriate option(s) that best describes your project and list the number of units/beds per type				
<input type="checkbox"/> Emergency	No. of Beds:	<input type="checkbox"/> Transitional	No. of Units/beds:	<input type="checkbox"/> Permanent
Total Number of Buildings:		Total Number of (select one & list total): <input type="checkbox"/> Units/ <input type="checkbox"/> Beds*:		
<b>UNIT COUNT (List total units by size)</b>				<input type="checkbox"/> N/A (if beds)
SRO/Efficiency:	One Bedrooms:	Two Bedrooms:	Three Bedrooms:	Four Bedrooms:

Describe the living situation for residents: <i>Single Family House, Single Family Apartment, Single Room Occupancy</i> (SRO is just for a single person, residents share a bathroom and/or kitchen), <i>Efficiency/Studio</i> (These units have their own bathroom AND a kitchen or kitchenette), <i>Shared Bedroom, Non-Shared Bedroom, Dormitory</i> or <i>Other</i> (describe):



**Please provide a brief description for the proposed new construction or renovation/rehabilitation:**

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**Please provide a brief description of the new construction or rehabilitation design process.**

- Was there a design committee? If so, who was on it?
- Was anyone from the population to be served part of the committee?
- Were similar projects visited, and if so which ones?

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**SPECIAL NEEDS POPULATION TO BE SERVED:**

- |  |  |
|--|--|
| <input type="checkbox"/> Persons experiencing homelessness or imminently at risk of homelessness | <input type="checkbox"/> Persons with mental, physical or developmental disabilities                       |
| <input type="checkbox"/> Persons with substance use disorders                                    | <input type="checkbox"/> Children in foster care, or youth aging out of foster care                        |
| <input type="checkbox"/> Survivors of domestic violence/sexual assault                           | <input type="checkbox"/> Adults reentering the community after being released from correctional facilities |
| <input type="checkbox"/> Other:  |  |

Briefly describe how the housing and services of the project are structured to meet the needs of the intended target population. If applicable, describe how the project collaborates with the local Continuum of Care planning process and the utilization of ESG funds and rapid re-housing program principles.

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**PROJECT DEVELOPMENT TEAM:**

Provide the following information as far as it is known. Having these parties identified is not required at time of application.

**PROJECT CONTACT/COORDINATOR:**

Name:		
City:	State:	Zip:
Phone #:	<input type="checkbox"/> Office <input type="checkbox"/> Cell	Email:



<b>HOUSING DEVELOPMENT CONSULTANT (IF APPLICABLE):</b>			
Name:			
City:		State:	Zip:
Phone #:	<input type="checkbox"/> Office <input type="checkbox"/> Cell	Email:	

<b>CONSTRUCTION MANAGER:</b>			
Name:			
City:		State:	Zip:
Phone #:	<input type="checkbox"/> Office <input type="checkbox"/> Cell	Email:	

<b>ARCHITECT:</b>			
Name:			
City:		State:	Zip:
Phone #:	<input type="checkbox"/> Office <input type="checkbox"/> Cell	Email:	

<b>GENERAL CONTRACTOR:</b>			
Name:			
City:		State:	Zip:
Phone #:	<input type="checkbox"/> Office <input type="checkbox"/> Cell	Email:	

<b>ENERGY CONSULTANT:</b>			
Name:			
City:		State:	Zip:
Phone #:	<input type="checkbox"/> Office <input type="checkbox"/> Cell	Email:	

<b>PROPERTY MANAGER:</b>			
Name:			
City:		State:	Zip:
Phone #:	<input type="checkbox"/> Office <input type="checkbox"/> Cell	Email:	



SUPPORTIVE SERVICES PROVIDER (re-enter Applicant information if also acting as supportive services provider):			
Name:		Years providing services to target population:	
City:		State:	Zip:
Phone #:	<input type="checkbox"/> Office <input type="checkbox"/> Cell	Email:	

OTHER:			
Name:			
City:		State:	Zip:
Phone #:	<input type="checkbox"/> Office <input type="checkbox"/> Cell	Email:	

**SECTION 3 – PROPOSED PROJECT DETAILS:**

Total residential square feet (including porches and decks for all residential units):	
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Total built square feet (including residential, community and office space):	
--	--

Will there be a manager's unit/bedroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Estimated Construction Completion Date:	
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**RENT SUPPORTED - APARTMENTS/SINGLE FAMILY/SHARED HOUSING:**

UNIT SIZE	NUMBER OF UNITS	MANDATORY FEES*
SRO/Studio/Efficiency		
1 Bedroom Unit		
2 Bedroom Unit		
3 Bedroom Unit		
4 Bedroom Unit		

<b>*LIST MANDATORY FEES REQUIRED OF ALL RESIDENTS</b> (i.e. trash, parking, insurance, program related)

Select which utilities are included in the rent (owner responsibility):				
<input type="checkbox"/> Electric	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Trash	<input type="checkbox"/> Gas	<input type="checkbox"/> Other

Methodology used to determine utility allowance estimate ( <i>PHA is preferred</i> ):	
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**NON-RENT SUPPORTED - SHARED HOUSING:**

ROOM TYPES	NUMBER OF BEDS	MANDATORY FEES*
Dormitory		
Transitional		
Family Suites		
Overflow/Sick		
<b>Max Occupancy (total beds)</b>		

*LIST MANDATORY FEES REQUIRED OF ALL RESIDENTS (i.e. trash, parking, insurance, program related)

**EQUIPMENT FURNISHED:**

<input type="checkbox"/>	Fire Sprinkler System	<input type="checkbox"/>	In-unit Washer/Dryer
<input type="checkbox"/>	Dishwasher	<input type="checkbox"/>	Range
<input type="checkbox"/>	Disposal	<input type="checkbox"/>	Refrigerator
<input type="checkbox"/>	Kitchen Exhaust Fan (vented to outside)	<input type="checkbox"/>	Shared Laundry Room
<input type="checkbox"/>	Other - Describe:		

**BUILDING SYSTEMS - HEAT:**

<input type="checkbox"/>	Electric Baseboard	<input type="checkbox"/>	Electric Heat Pump
<input type="checkbox"/>	Gas Forced Air	<input type="checkbox"/>	
<input type="checkbox"/>	Other - Describe:		

**BUILDING SYSTEMS - HOT WATER:**

<input type="checkbox"/>	Electric	<input type="checkbox"/>	Gas
<input type="checkbox"/>	Other - Describe:		

**BUILDING SYSTEMS - AIR CONDITIONING:**

<input type="checkbox"/>	Central Air	<input type="checkbox"/>	Window Units
<input type="checkbox"/>	None		

**UTILITIES - Check the following systems that are adequate and available at the site:**

<input type="checkbox"/>	Electric	<input type="checkbox"/>	Storm Sewer
<input type="checkbox"/>	Natural Gas	<input type="checkbox"/>	Water (City)
<input type="checkbox"/>	Sanitary Sewer	<input type="checkbox"/>	Water (County)

**ENVIRONMENTAL - Check any of the boxes that describe the site:**

<input type="checkbox"/>	Adjacent to a major highway	<input type="checkbox"/>	Historic/archeological significance
<input type="checkbox"/>	Has asbestos	<input type="checkbox"/>	In flood plain
<input type="checkbox"/>	Has hazardous waste	<input type="checkbox"/>	Near railroad/airport
<input type="checkbox"/>	Has lead-based paint	<input type="checkbox"/>	
<input type="checkbox"/>	Other - Describe:		



**COMMON AREAS:**

List planned common areas such as a day room, laundry room, etc.	
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**EXHIBIT 6 – EVIDENCE OF ZONING:** Attach a written statement on letterhead stationery from the unit of local government in which the property is located indicating that the proposed use of the site is permissible under applicable zoning ordinances or other appropriate land development regulations.

- Exhibit 6 – Land Use Compliance

If the property is subject to a **Conditional** or **Special Use Permit**, also provide a copy of the permit or a detailed timeline of approval process.

- Exhibit 6 – Conditional or Special Use Permit

**EXHIBIT 7 – SITE CONTROL AND VALUE:** Include a copy of the appropriate documentation of site control.

- Exhibit 7 – Site Control

	Deed or Other Proof of Ownership		Executed Option to Purchase
	Long-term Lease (must be approved by Agency)		Closing Statement for Proof of Purchase
	Other (previously approved by NCHFA)		

Does a direct or indirect identity of interest exist between the Applicant and the seller of the property?  Yes  No

If yes, Specify relationship:

**EXHIBIT 7 – APPRAISAL:** A copy of an appraisal not more than six months old of the land for new development or land and building (s) for acquisition and rehabilitation projects is required. The property should not be purchased for more than appraised value. However, if the property has already been purchased for an amount slightly more than appraised value, the Agency at its sole discretion, can allow an application involving the property, as long as the acquisition cost reflected in the project budget is no more than appraised value. The Agency strongly recommends that the Applicant get an appraisal prior to securing site control to ensure a fair price. Upload a copy of the appraisal not more than six months old.

- Exhibit 7 – Appraisal

**EXHIBIT 8 – TEMPORARY RELOCATION:** Please note that permanent relocation is not allowed, by statute, in projects using NC Housing Trust Funds. If applicable, for temporary relocation provide the plan and details of other funding source that will pay for the expenses.

- Exhibit 8 – Relocation Plan

**SECTION 4 – COMMUNITY/MARKET NEED:**

**EXHIBIT 9 – COMMUNITY/MARKET NEED:** Documentation of need for the housing proposed. Include the following:

1. Identify the location where your supportive housing services are or will be provided.
2. List all other service and/or supportive housing programs which assist the same or similar populations as the proposed project. Describe the utilization and vacancy rate for the programs and explain the need for the proposed project based on those statistics.
3. Provide data showing need in as many of the following forms as appropriate:
  - a. A waiting list or letter documenting waiting lists from appropriate service providers;
  - b. A waiting list or letter documenting waiting lists of persons with disabilities from the appropriate housing authority, which also states that the project in the housing authority’s service area;
  - c. Records of persons turned away from similar programs;
  - d. Local plans or studies such as from the HUD Continuum of Care;
  - e. A market study;



- f. Data from HMIS
  - g. Other appropriate data-based sources
4. Describe how the proposed project works in collaboration with the other service and/or supportive housing programs in the community.
  5. If the application is for a new shelter or shelter expansion, there must be evidence of need and demand through data from Coordinated Assessment systems (if available), Point in Time count, Housing Inventory Chart or shelter utilization reports.
- Exhibit 9 – Community/Market Need

Emergency Shelter projects must provide a Letter of Consistency from the Continuum of Care.

- Exhibit 9 – CoC Support

**LOCATION AND AVAILABILITY OF ACCESSIBLE TRANSPORTATION:**

Describe the location of the site and the availability and cost of accessible public transportation and any transportation provided by the Owner. ( <a href="https://www.ncdot.gov/contact/Pages/default.aspx">https://www.ncdot.gov/contact/Pages/default.aspx</a> or call NC DOT/Public Transportation Division at 919-733-4713 for local contact information).	
Transportation Provided by Owner:	<input type="checkbox"/> YES <input type="checkbox"/> NO

*Provide a map with the location of community resources within 5 miles of the site. Please be sure to clearly indicate and label the project location.*

COMMUNITY RESOURCE	PROXIMITY TO SITE (IN MILES)
Medical Facilities (Hospitals, Doctors offices, Therapists, etc.)	
Places of Employment (Potential Employers)	
Parks and Recreation	
Pharmacy (CVS, Walgreens, etc.)	
Grocery Store	
Other Stores (with food/medical necessities)	
Bus Stop (if available)	

- Exhibit 10 – Map



**SECTION 5 – SUPPORTIVE SERVICES ACCESS PLAN (SSAP)**

All Applicants will need to complete the SSAP that describes linkages to support services and partners for the project.

<b>Date of Plan:</b>	
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<b>Supportive Services Coordinator/Provider</b>	<b>Management Agent</b>
If the same entity is acting as both Property Manager and Service Provider or Coordinator, please provide a narrative explanation of how these roles will be separated to ensure compliance with Fair Housing Law.	
<input type="checkbox"/> N/A Separate Entities	

What geographic area will be served? (Where are the residents from?):

**FACILITY TYPE:** Please select the type of licensed facility below.

Licensed Facility:	<input type="checkbox"/> YES <input type="checkbox"/> NO
License Type:	
License Number:	

Licensed Group Home:	<input type="checkbox"/> YES <input type="checkbox"/> NO
License Type:	
License Number:	

Is project limited by another funding source to house only this population? If YES, what are the limitations and the funding source:	<input type="checkbox"/> Yes <input type="checkbox"/> No

**UNIQUE DESIGN FEATURES COMMON AREAS:**

Describe any adaptability or accessibility features and/or assistive technology beyond the minimums required by NCHFA in Appendix D Design Standards in the Guidelines.

**AFFORDABILITY:** The Agency will use loan documents, annual reporting requirements, and monitoring to ensure that income targeting and affordability standards are met. In addition, applicants must comply with Fair Housing Laws regarding accessibility and must design units to maximize accessibility for mobility impaired persons as described in Appendix D Design Standards in the Guidelines.



**STATEMENT OF QUALIFICATION:**

**Capacity of Services Coordinator/Provider:** Describe the experience and capacity of the Services Coordinator/Provider to provide, coordinate and/or act as a referral agent for community-based services that support persons of targeted population. (include a brief description of the agency's history, mission and the services the agency provides/coordinates)

**Capacity of Services Coordinator/Provider:** Describe the experience and capacity of the Services Coordinator/Provider to provide, coordinate and/or act as a referral agent for community-based services that support persons of targeted population. (include a brief description of the agency's history, mission and the services the agency provides/coordinates)

Provide an analysis of the success rate of the service program. For example: "based on a five-year follow-up examination, 35% of residents of the program for homeless persons achieve and maintain self-sufficiency for two years or more after leaving the program." Please include statistics.

**Capacity of Property Manager:** If the Property Manager or Management Company has been selected at the time of application, describe their experience and capacity.

**RESIDENTS SUPPORTS AND SERVICES:**

Provide a detailed description of supports and services to be provided to residents, including the project's referral and tenant selection policies, if applicable.

- How are individuals' services plans developed and implemented?
- How are residents' needs for services identified?

**ACCESS TO SUPPORTIVE SERVICES:**

Name other local service providers who will be collaborating with the Service Coordinator/Provider in the referring process and providing residents' access to services and supports.

**EXHIBIT 11 – FACILITY SECURITY PLAN:** Domestic Violence shelters that have received funding through the Governor's Crime Commission must attach a Facility Security Plan

- Exhibit 11 – DV Security Plan



**ONLY COMPLETE THE SECTIONS BELOW IF THE SERVICE PROVIDER IS NOT THE PROPERTY MANAGER**

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**REFERRAL, SCREENING AND COMMUNICATION PLAN:**

Describe how Services Coordinator/Provider will work with the Property Manager and/or other local providers to coordinate access to services and supports should residents need assistance.

Describe how the Property Manager will screen referrals, negotiate reasonable accommodations, and maintain contact with the Services Coordinator/Provider during a referral's tenancy.

Describe how the Services Coordinator/Provider and the Property Manager will maintain communication to accommodate staff turnover.

Describe how the Services Coordinator/Provider will collect and make referrals of prospective residents to the property, maintain contact with referrals and referral agencies and the Property Manager, and offer assistance with any problems that may arise during a referral's tenancy for the duration of the compliance period.

## **SECTION 6 – GC BUDGET, DETAILED WORK WRITE-UP AND PLANS**

**EXHIBIT 12 – PROPOSED BUDGET:** If a General Contractor budget for rehab or new construction already exists, or if a budget does not exist, list how the costs were determined in the proposed budget.

- Exhibit 12 – Proposed Budget

**EXHIBIT 12 – DETAILED WORK WRITE-UP:** Projects proposing to Rehabilitate existing structures must include a detailed Work Write-up completed by a qualified professional that identifies, evaluates, and adequately addresses issues related to:

- Occupancy (egress, imminent threats to safety, trip/shock hazards, air quality, vermin/pests etc.);
- Structure (failing components);
- Useful life of building systems (replace or repair when necessary); and
- Function (building features that are present must work appropriately and as an occupant would expect). As a general rule of thumb, building systems that would reasonably appear to require replacement or significant repair to function should be addressed as part of the approved scope of work.

Any HVAC units, appliances, windows or other energy rated items which are replaced must meet NCHFA’s current energy standards. All common use areas must be fully accessible to those with disabilities in compliance with all applicable State and Federal laws and regulations.

After approval of the site, a full Physical Needs Assessment may be required with the application submission. Additionally, other inspections may be required if structural threats are identified. A sample Detailed Work Write-up is included as Appendix G of the Guidelines.

- Exhibit 12 – PNA/Detailed Work Write-up

Upload the following information requested in this section for each building constructed or rehabbed using Program funds:

### **EXHIBIT 13 - REQUIRED PRELIMINARY PLANS FOR NEW CONSTRUCTION OR REHABILITATION:**

- Scaled Site Plan showing, at a minimum, proposed building footprint, driveways, and parking areas (site plan)
- Elevation of front of building
- Elevation of side of building
- Floor layouts for each type floor or building, as applicable, using a minimum scale of 1/16" = 1', identifying the location of units, common use areas and other spaces.

All required plans should be to scale, using the minimum scale of 1/16" = 1'. Plans that are likely the final construction plans are required to be prepared by an engineer or architect licensed to do business in North Carolina. The project design must comply with Appendix D – Design Standards of the Program Guidelines.

- Exhibit 13 – Plans

## **SECTION 7 – FUNDING COMMITMENTS:**

Upload documentation of commitment for permanent project funding, pending or received (award letters, investment account, bank statements, etc.)

- Exhibit 14 – Funding Commitments

For Projects that anticipate project based rental assistance (PBRA) from their local Housing Authority or Rental Assistance provider, a letter must be provided from the Rental Assistance provider. See Appendix J of the Guidelines for a sample letter.

- Exhibit 14 – Rental Assistance

If not already awarded and the project will apply for Federal Home Loan Bank funding, upload a narrative describing which FHLB location will be applied to and the deadline for the application. Also, upload a letter from the member bank as an acknowledgement that they will support your application.

- Exhibit 14 – FHLB
- Exhibit 14 – FHLB Acknowledgement Letter

**SECTION 8 – OLMSTEAD BONUS POINTS:**

*Only applicable for Olmstead-compliant units – Integrated Housing*

**Select one option below**

**Option A – 30 Bonus Points (only option for For-profit Developers)**

By signing below, the Applicant certifies that the project seeking funding is comprised of integrated apartments where 20% of the units, rounded up to the next whole unit, are set-aside for persons with disabilities. The project is located in a priority area, as listed in Appendix K of the Guidelines and the Applicant agrees to use the NCHFA Vacancy and Referral online system (V&R) to track vacancies and accept referrals. The Applicant agrees to hold the set-aside units vacant for 30 days unless the LME/MCO or DHHS releases the unit earlier.

By: \_\_\_\_\_  
Signature of Authorized Official

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

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

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**Option B – 5 Bonus Points**

By signing below, the Applicant certifies that the project seeking funding is comprised of integrated apartments where 20% of the units, rounded up to the next whole unit, are set-aside for persons with disabilities.

By: \_\_\_\_\_  
Signature of Authorized Official

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

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_



**SECTION 9 – DESIGN AND ENERGY EFFICIENCY COMPLIANCE AGREEMENT:**

This certifies that as an applicant to the NCHFA Supportive Housing Development Program, the organization making this application

\_\_\_\_\_ (Organization Name) of which I am the \_\_\_\_\_ (enter title) understands and agrees to follow NCHFA accessibility, design and energy efficiency requirements. I understand and agree that this will include the following:

- NCHFA review and approval of full construction set architectural plans prior to obtaining a building permit or construction bids.
- Third party energy consultant review and approval of full construction set architectural plans INCLUDING specifications prior to obtaining a building permit or construction bids.

Use of one of four NCHFA approved HVAC systems, described in Appendix E of the SHDP Guidelines.

By: \_\_\_\_\_  
Signature of Authorized Individual

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**SECTION 10 – SIGNATURE OF AUTHORIZED OFFICIAL:**

By signing below, the Applicant certifies and agrees:

- That the information is true and complete;
- That the Agency may conduct its own independent review of the information herein and the attachments, and may verify information from any source.
- All applications submitted become the property of the Agency
- Submission of an application does not guarantee funding. Any costs incurred prior to the issuance of a firm commitment letter by the Agency are the sole responsibility of the applicant.

By: \_\_\_\_\_  
Signature of Authorized Official

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

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

