2022 Homebuyer Assistance Program Application

Please note that the City of Seattle’s 2022 Homebuyer Assistance Program Application is based on the Combined Funder’s Application. However, there are differences in the narrative portion of the application.The spreadsheet tabs included should be identical to those used in the Combined Funders Application.

# Section 1: Program Summary

## Project Design

1. Provide a brief description of your proposed project and/or program including:
* The kind of project or program
* The ownership model
* The type of activities planned (e.g., development, construction, rehabilitation)
* Financial assistance to be provided (e.g., down payment and/or mortgage (including rehab) to homebuyers and homeowner households):

|  |  |  |
| --- | --- | --- |
|  | Yes\* | No |
| 1. Will there be a Homeowners’ Association?
 | [ ]  | [ ]  |
| Is the project structured as a condominium?  | [ ]  | [ ]  |
| If yes, describe what will be owned by the homeowner (define the unit and limited common elements) and what will be considered common elements. Attach the Condominium Declaration if available. |  |  |
|  |  |
|  | Yes\* | No |
| Is the project structured as a Limited-Equity Cooperative (LEC)?  | [ ]  | [ ]  |
| \*If yes to any of the above questions applications must include the necessary addendum as well as an association or LEC budget. |  |  |
|  |  |  |
| 1. Date of your pre-application meeting: (mm/dd/yyyy):
 |  |

## Tab 1 Form

|  |
| --- |
| Please make sure to complete the following Excel Form:* Form 1: Project Summary
 |

# Section 2: Project Narrative

## Project Intent

1. Describe how your proposed project/program will result in creating or preserving affordable homeownership units:

## Project Marketing

1. Describe how your organization will market this particular project or program to potential homebuyers:

|  |
| --- |
| 1. Describe your process for establishing and managing wait lists? How will you prioritize homebuyers?
 |
|  |  |
|  | Yes | No |
| 1. Is neighborhood notification required? (See A and F Plan page 64)
 | [ ]  | [ ]  |
|  | 1. If yes, has neighborhood notification taken place? If so, please describe.
 |  |  |
|  |
|  |  |

## Loan Qualification Process

1. Describe your process for qualifying *eligible* homebuyers for this project. Describe how you prioritize homebuyers for this project, the mortgage and approval process, and the process for closing on the home:

## Readiness

1. Please list any issues that may affect the timing of this project or program, including current status of architectural plans, permits, availability of private mortgage financing, etc.:

## Property Selection Criteria

*For Down Payment Assistance & Acquisition/Rehab Programs. If your proposed project is not Down Payment Assistance or Acquisition/Rehab,* *please enter “n/a”.*

1. Describe the home selection guidelines, including the type(s) and costs of typical properties that homebuyers will purchase, the maximum purchase price, and the minimum property standards that homes must meet before acquisition and before occupancy if rehab will be required:
2. Describe the appraisal and home inspection processes:

## Property Location

*This section is not required for down payment assistance programs with no construction or rehab, please enter “n/a”.*

1. If this is a development (construction and/or rehab) project, describe the property location, neighborhood, transportation, local services, etc. If this is a down payment assistance program, describe the targeted neighborhood(s) or area(s) where assisted households will be purchasing homes:

## Property Description - Development Project

1. For a development project, describe the existing property including vacant land and existing structures that may be demolished or rehabilitated:
2. If your project is an existing structure, include the age of building(s), size, number of stories, type of construction, physical condition, layout of buildings, and any unique features in your description:

## Zoning

1. What is the current zoning of the project site(s)?

1. Is the proposed project consistent with the zoning status of the site(s)?

[ ]  - Yes, [skip to Site Control](#_Site_Control)

[ ]  - No

1. If current zoning is not consistent, explain:
2. Outline the steps that will be taken to address zoning issues (e.g., administrative, conditional use, hearing examiner, council approval), what approvals are required, and the time frame needed to resolve these issues:

## Site Control

1. Describe the type of site control (e.g., statutory warranty deed, purchase and sale agreement, lease agreement, etc.) and key dates (e.g., purchase date, closing date, option to purchase expiration date, maximum extension, etc.) and attach documentation.

## Environmental

1. Is a Phase I ESA required for this project?

[ ]  - Yes. Continue to Question 15

[ ]  - No. [Skip to Construction/Rehab Information](#_Construction/Rehab_Information)

1. Phase I ESA Completion date:
2. Does the Phase I ESA recommend a Phase II be completed?

[ ]  - **YES**

* 1. Outline the ESA Phase I issues triggering a Phase II recommendation.

[ ]  - **No** – *Is the project site location a former heavy equipment facility (e.g., bus barn), former wood product production facility, or former military installation such as an armory, training center, or assembly point? If yes, then it is recommended that a Phase II ESA be completed even if the Phase I did not specifically recommend it.*

1. Are there structures on-site?
[ ]  - **YES -** *Limited Surveys for Asbestos, Lead-Based Paint, and Mold are required regardless of*

 *whether the structures are included in the project either to be rehabilitated or to be*

 *demolished.*

[ ]  - **NO -** *Skip to**the*[***Limited Survey for Wetlands***](#Limitedsurveyforwetland) *question.*

1. *Limited Survey for* ***Asbestos*** completion date:
2. State the conclusion and recommended further actions from the *Limited Survey for* ***Asbestos***.
3. *Limited Survey for* ***Lead Based Paint*** completion date:
4. State the conclusion and recommended further actions from the *Limited Survey for* ***Lead Based Paint***.
5. *Limited Survey for* ***Mold*** completion date:
6. State the conclusion and recommended further actions from the *Limited Survey for* ***Mold***.
7. *Limited Survey for* ***Wetlands*** completion date:
8. State the conclusion and recommended further actions from the *Limited Survey for* ***Wetlands***.
9. Identify how environmental issues identified in either the Phase 1 ESA or the Phase II ESA will be abated or otherwise addressed, including an estimated budget that must be included as a separate line item in the *Development Budgets-* ***Forms 6A, 6B, and 6C.*** Items to be addressed at a minimum include, *but are not limited* to asbestos, lead based paint, mold, wetlands, and underground storage tanks (USTs).
10. Has the Washington State Department of Ecology been consulted, formally or informally, regarding issues with the site and/or structures on the site? If yes, provide details of the consultation.
	* 1. Is a No Further Action (NFA) determination being sought for this project site, or structures on the site?

[ ]  - Yes

[ ]  - No
[ ]  - Not Applicable

1. Provide a timeline for the hazardous material remediation.

## Construction/Rehab Information

*Down Payment Assistance programs not doing construction or rehab are not required to complete this section.*

### General Description of the Construction Project

1. Provide a detailed description of the proposed design, construction, rehabilitation, site development and/or other project related improvements (including any plans for existing structures on-site that may be demolished or rehabilitated):

### Rehabilitation- Acquisition/Rehabilitation Projects

1. For acquisition rehabilitation programs, describe the types of repairs and improvements that will be undertaken. Summarize your rehab standards, including the projected life span of rehabilitated homes:

### Plans

1. Please attach conceptual design drawings showing the size and character of the proposed development including primary construction materials. Drawings must include the following:
	1. A site plan showing the building footprint, parking, and location of curb cuts.
	2. A cross section showing a typical structure’s relationship to the site grades.
	3. At least one elevation drawing, or image of the type of structure proposed.
	4. A typical unit floor plan.

## Non-Residential Space/ Market Rate Units

|  |  |  |
| --- | --- | --- |
| *This section is not required for down payment assistance programs with no construction or rehab.* | Yes | No |
| 1. Does the project contain any non-residential space not dedicated for the sole use of the homeowners?
 | [ ]  | [ ]  |
|  |  |
|  | 1. If so, will this space generate any income for the project?
 | [ ]  | [ ]  |
|  | 1. Please provide a description of the non-residential space, including for what purpose the space is to be used and the intended specific of type of tenant.
 |  |  |
|  |  |  |  |
|  |  |  |  |
|  | 1. If the non-residential space is to be treated as a condominium separate from the residential project, or if it is long-term master leased, please explain the ownership structure.
 |  |  |
|  |  |  |  |
|  |  |  |  |

 Yes No

|  |  |  |
| --- | --- | --- |
| 1. Are there any market rate units proposed as part of the overall development?
 | [ ]  | [ ]  |
|  | 1. If yes, what is your plan for financing the market rate units and will they subsidize the affordable units? Please explain in detail. (Receipt of a market study for the market rate units will be a condition of award.)
 |  |  |
|  |  |  |  |  |

# Section 3: Project Need

## Population Narrative

1. Indicate the target area location, characteristics and the specific population to be served:

## Discussion of Need & Consistency with Local Plans

1. Describe the critical, unmet need for homeownership in the community your project/program will address:
2. What is the magnitude and extent of the need? (Some examples of magnitude may include increased real estate values in the in the target market, the economy of the area, risk of closure of current subsidized housing units, higher than normal vacancy rates, possible health and safety issues due to the physical conditions of the property, extraordinarily long waiting lists for affordable housing.)
3. Provide an explanation about how this project is a local priority. Include references to consistency with local plans that are specific to the population to be served, and citations of specific source data

## Hardships Faced by Target Buyers

1. Describe the intensity of hardship facing the intended population in the geographic area to be served. (Some examples of intensity include but are not limited to rent burden for the targeted population, lack of safe and affordable housing units in the target area, lack of living wage jobs, unemployment rates higher than the state average.)

## Homebuyer Readiness

1. Describe the readiness of the intended homebuyers for your project/program. Include the number and type of homebuyers on any waiting list and their prequalification status:

## Special Needs Projects/Programs

*(If the proposed project does not serve special needs, please enter “n/a”).*

1. Will the proposed project serve Special Needs households?

[ ]  - Yes. Continue to Question 8

[ ]  - No. Skip to [Market Study](#_Market_Study_–)

1. For homeownership projects/programs designed to help disabled households, describe the geographic area(s) from which this project will draw its target population (e.g., city, county, region, state).
2. What is the estimated number of people in the target population needing affordable housing within this service area?

## Market Study – For Limited Equity Coop Development Projects Only

1. Is a Market Study required for this project?

[ ]  - Yes – Date the Market Study was completed:

[ ]  - No – Section complete. [Skip to Section 4](#_Section_4:_Relocation).

1. Provide the following Market Study data:
2. Absorption Rate (page #)
3. Capture Rate (page #)
4. Number of days on-market for

comparable homes (page #)

1. Describe the availability of homes affordable to the target population in the area where this project will be located:
2. Cite any relevant data identified in the market study:

## Tab 3 Form

|  |
| --- |
| Please make sure to complete the following Excel Form:* Form 3: Units and Target Populations
 |

# Section 4: Relocation

## Tenant Relocation

1. Will this project involve relocation of existing tenants?

[ ]  - Yes

[ ]  - No. Section complete. [Skip to Section 5](#_Section_5:_Project).

1. Have you developed a relocation plan for this project?

[ ]  - Yes

[ ]  - No

1. State the number of ***Residential*** tenants to be relocated:

Permanent relocation:

Temporary relocation:

1. State the number of ***Commercial*** tenants to be relocated:

Permanent relocation:

Temporary relocation:

1. Briefly describe anticipated relocation needs and how they will be addressed
2. What requirements or guidelines govern the project relocation plan? (check all applicable)

[ ]  - Uniform Relocation Act (if federal funds are being used)

[ ]  - Washington State Department of Transportation (if state but not federal funds are being used)

[ ]  - [SMC 20.84](https://library.municode.com/wa/seattle/codes/municipal_code?nodeId=TIT20PUWOIMPU_SUBTITLE_VMIPR_CH20.84REAS) (if only city funds are being used)

[ ]  - Other - Identify the governing requirements:

1. Have you provided notices to the tenants indicating the type of displacement and benefits provided to tenants?

[ ]  - Yes

[ ]  - No

1. Have you identified replacement or temporary units for those who will be displaced?

[ ]  - Yes

[ ]  - No

1. Have you determined any tenants' relocation benefits?

[ ]  - Yes

[ ]  - No

1. Have you included the total relocation budget in your development budget under relocation?

[ ]  - Yes

[ ]  - No

# Section 5: Project Schedule

*This section is not required for down payment assistance programs with no construction or rehab.*

## Project Development Timeline

|  |  |  |
| --- | --- | --- |
| 1. Please provide, in narrative form, the estimated development phase lengths. Include information about the timing or phasing impact of other funding deadlines.
 |  |  |
|  |  |  |  |
|  |  Yes |  No |
| 1. Do you have other projects that you are currently working on or anticipate working on during the development period of the proposed project?
 | [ ]  | [ ]  |
|  | 1. If yes, please attach Gantt chart type visual representation showing how projects may or will occur simultaneously. Describe how the projects’ timelines interact.
 |  |
|  |  |  |  |
|  |  Yes |  No |
| 1. Are there any known issues or circumstances that may delay the project?
 | [ ]  | [ ]  |
|  | 1. If yes, list issues below, including an outline of steps that will be taken and the time frame needed to resolve these issues:
 |  |
|  |  |  |  |

## Tab 5 Form

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| --- |
| Please make sure to complete the following Excel Forms:* Form 5A: Production Pipeline^
* Form 5B: Production Pipeline
 |

^ Disregard the line referencing the Evergreen Project Plan. The Homebuyer Assistance Program does not require projects to meet Evergreen Standards.

# Section 6: Development Budget Narrative

*This section is not required for down payment assistance programs with no construction or rehab.*

## Budget Narrative

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| --- |
| 1. Please give a brief narrative overview of the development budget including any funding contingency plans if applications to other subsidy sources are unsuccessful.
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## Value of Project Site

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| --- | --- |
| 1. Date of Appraisal (mm/dd/yyyy):
 |  |

|  |  |
| --- | --- |
| 1. Project Site current appraised value:
 |  |

|  |  |
| --- | --- |
| 1. Project Site purchase price:
 |  |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Is the purchase price at or below fair market value, supported by an appraisal?
 | [ ]  | [ ]  |
|  | 1. If no, explain:
 |  |  |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Does the purchase and sale agreement include any provisions for cost escalation that could cause the purchase price to exceed the current appraised value?
 | [ ]  | [ ]  |
|  |  |
|  | 1. If yes, explain:
 |  |  |
|  |  |  |  |  |

|  |
| --- |
| 1. Describe any extension fees or earnest money deposits provided for in the purchase agreement. (Such fees and deposits should be applicable toward the purchase price.)
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|  |  |

## Contracting

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| --- |
| 1. Describe the process used by your agency for soliciting bids from and selecting construction contractors (general and subcontractors), consultants, and other professional services to secure competitive fees. (Be sure to see rules regarding competitive bidding as outlined in Section II. of the NOFA.)
 |
|  |  |
|  |  |

|  |
| --- |
| 1. What is the project’s proposed WMBE utilization goal? Describe how you plan to address WMBE goals in your procurement process for construction and non-construction contractors. Please include specifics regarding bid structure, advertising, outreach, etc. If you have already selected members of the development team prior to application (e.g., development consultants, architects, etc.), describe how WMBE considerations were factored into the contracting process.
 |
|  |  |
|  |  |

## Tab 6 Forms

|  |
| --- |
| Please make sure to complete the following Excel Forms, as appropriate to your project:* Form 6A: Project Budget Detail
* Form 6B: Affordable Units Budget Detail
* Form 6C: Market Rate Units Budget Details
* Form 6D : Supplemental Development Budget – Single House
 |

# Section 7: Project Financing

*This section is not required for down payment assistance programs with no construction or rehab.*

## Project/Program Funding Sources

1. Provide relevant information not included on Excel Form 7 for each source, including any award conditions, performance requirements, date(s) of funding availability, approval process(es), timing issues, etc. as applicable:
2. Were you denied funding by any entity?

[ ]  - **Yes**

1. Briefly explain why you were denied funding.

[ ]  - **No**

1. List funding sources you considered applying for, but did not or will not apply for, **and clearly state the reasoning for not applying**:
2. If your financing plan includes a capital campaign to raise additional capital funds, list the activities and benchmark dates (refer to the Housing Trust Fund solicitation for applications materials to make sure your project can be developed within the intended timeline):

## Tab 7 Form

|  |
| --- |
| Please make sure to complete the following Excel Form:* Form 7: Financing Sources
 |

# Section 8: Homebuyer Finances

**Initial Purchase Price Methodology**

*This section is not required for down payment assistance programs with no construction or rehab.*

|  |
| --- |
| 1. Describe how you determined the initial sales price (what the homebuyer will pay) for each of the various home types.
 |
|  |  |
|  |  |

|  |
| --- |
| 1. Please provide a narrative explaining the Homebuyer Affordability Worksheet.
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|  |  |
|  |  |

## Tab 8 Form

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| Please make sure to complete a copy of the following Excel form for each market in which the program will operate:* Form 8: Homebuyer Affordability Worksheet
 |

# Section 9: Development Team and Organizational Capacity

1. Indicate the Sponsor Organization Type:

[ ]  - Local Government

[ ]  - Local Housing Authority

[ ]  - Nonprofit Organization

[ ]  - Federally-Recognized Indian Tribe

[ ]  - For-profit Entity

[ ]  - Other

1. If Other is selected, specify the type of organization.

**Development Team**

*This section is not required for down payment assistance programs with no construction or rehab.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|

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| --- | --- |
|  |  |
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1. List the names of key members of the sponsor organization’s development team (both staff and contracted development team members), their titles and their years of experience in affordable housing below. Please attach the resume of key development team members.
 |
|  |
| **Name** | **Title and Affiliated Organization**(*e.g., executive director, project manager.*) | **Years’ Experience in Affordable Housing** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| 1. Please explain the roles and responsibilities of each individual project development team member, including consultants, and their experience with those specific tasks or roles.
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|  |  |
|  |  |

**Organizational Development Experience**

|  |  |  |
| --- | --- | --- |
| *This section is not required for down payment assistance programs with no construction or rehab.* | Yes | No |
| 1. Has the sponsor organization developed affordable homeownership projects previously?
2. Please provide in an attachment, an overview of housing development and project-related experience, including size and type of project(s) number of units produced, rehabilitated, owned and/or managed/stewarded.
 | [ ]  | [ ]  |
|  |  |
|  | 1. Please provide the following information each project:
 |  |  |
|  |  | i. | Project name |  |
|  |  | ii. | Location/jurisdiction |  |
|  |  | iii. | Description of the project size and scope |  |
|  |  | iv. | Project start date, when construction was completed, date project was occupied and/or when last home was sold (if a current project, please include its current status and projected date of completion.) |  |
|  |  | v. | List and description of the development team (staff members, consultants, volunteers, contractors, etc.) |  |
|  |  | vi. | Description of the ownership structure along with a description of resale-restrictions if any |  |
|  |  | vii. | Detailed development budget with all sources and uses |  |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Is the sponsor organization currently engaged in any project workouts or were project workouts required by OH in the past?
 | [ ]  | [ ]  |
|  | 1. If yes, please list any projects requiring workouts, and provide a brief summary of the reason for the workout status.
 |  |  |
|  |
|  | Project Name | Reason for Workout |  |
|  | 1. |  |  |
|  | 2. |  |  |
|  | 3. |  |  |

|  |
| --- |
| 1. If your organization has been party to a foreclosure, deed in lieu of foreclosure, or an active pending foreclosure in the last 10 years, identify the project and explain both the circumstances and how it was resolved with the lender.
 |
|  |  |
|  |  |

**Organizational Financial Capacity**

*This section is required for all applications.*

*Note: If applicants are proposing to develop housing through partnerships, please respond to questions pertaining to capacity on behalf of the partner assuming primary responsibility and financial risk for the project.*

|  |  |
| --- | --- |
| 1. When was the Sponsor organization last audited? (mm/dd/yyyy)
 |  |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. In the Sponsor’s last audit, were there any findings?
 | [ ]  | [ ]  |
|  | 1. If yes, describe the nature of the findings:
 |  |  |
|  |  |  |  |  |
|  |
|  |  | Have these findings been resolved? | [ ]  | [ ]  |
|  |  | i. If not, what is your plan for resolution? |  |  |
|  |  |  |  |  |

|  |
| --- |
| 1. Describe the trends illustrated by the last three years of organizational financial audits. Include any additional narrative to explain financial ratios that may appear to be cause for concern.
 |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Has the project sponsor submitted copies of the last three years of audited financial statements to OH within the last 6 months?
 | [ ]  | [ ]  |
|  | If no, please attach to the application. |  |  |

|  |
| --- |
| 1. Please attach current year-to-date financials including balance sheet, profit and loss statement and any other reports you use to communicate with your board members about your organizational finances.
 |

**Tab 9 Form**

|  |
| --- |
| Please complete the following Excel Form: |
| * Form 9: Project Team\*
 |

\* Disregard the section referencing an Evergreen Project Coordinator. The Homebuyer Assistance Program does not require projects to meet Evergreen Standards.

**Section 10: Post-purchase Support**

**Long-term Stewardship and Compliance Monitoring**

*This section is not required for down payment assistance programs with no construction or rehab.*

|  |
| --- |
| 1. Describe how you plan to keep these homes affordable for the required 50-year period. Describe and attach a template of the legal document(s) you intend to use to secure affordability.
 |
|  |  |
| 1. Describe your resale restrictions and resale formula.
 |
|  |  |
| 1. Describe how the documents, the initial price and the resale formula specifically align with the 2016 Housing Levy’s Administrative and Financial Plan and Housing Funding Policies and model out how affordability will be maintained over the 50-year affordability period. (Model can be provided in an Excel file.)
 |
|  |  |
| 1. Describe the current staff functions and tasks associated with monitoring for compliance with owner-occupancy requirements, appropriate resale pricing, conditions of the home at resale, and the eligibility of future buyers.
 |
|  |  |
| 1. Describe how the monitoring for compliance and the long-term stewardship obligation will be staffed and resourced.
 |
|  |  |
|  | Yes | No |
| 1. Does the project sponsor have experience with stewardship of resale-restricted homes and providing homeowner support?
 | [ ]  | [ ]  |
|  |
|  | 1. If yes, please describe the project sponsor’s experience with homeowner support and stewardship of home affordability.
 |  |  |
|  |  |  |  |
|  | 1. If the project sponsor does not have experience with homeowner support and/or stewardship of home affordability, describe how stewardship will be provided.
 |  |  |
|  |  |  |  |

**Post-Purchase Support for Down Payment Assistance (DPA) Borrower**

*This section is not required for development or resale-restricted homes.*

|  |
| --- |
| 1. Please describe any post-closing communication with or support that your organization offers to DPA borrowers.
 |
|  |  |
| 1. Please describe if or how your organization is involved if or when a DPA borrower is delinquent or defaults on their first mortgage.
 |
|  |  |

**Section 11: Seattle Race and Social Justice Initiative**

*This section is required for all applications.*

OH seeks to invest in organizations and projects that align with the City’s [Race and Social Justice Initiative](http://www.seattle.gov/rsji/). The Race and Social Justice Initiative (RSJI) is the City of Seattle’s commitment to realize the vision of racial equity. RSJI is a citywide effort to end institutional racism in City government and to achieve racial equity across our community. The initiative is especially focused on systemic change to eliminate race-based disparities in our community.

|  |
| --- |
| 1. What are specific steps that your organization has taken to address institutionalized racism or promote racial equity? (e.g. through a strategic planning process, administration of a Race and Social Justice toolkit, leadership and board training, etc.) Please describe:
 |
|  |  |
|  |  |

|  |
| --- |
| 1. Are there specific aspects of the proposed project that address institutionalized racism or further race and social equity in Seattle including but not limited to the project location, target population(s), screening criteria, and outreach and marketing efforts? Please describe:
 |
|  |  |
|  |  |

|  |
| --- |
| 1. Do you intend to use [Community Preference](https://www.seattle.gov/housing/programs-and-initiatives/community-preference) for homebuyer selection? Why or why not. If yes, please submit a Community Preference Plan.
 |
|  |  |
|  |  |