

**PART I. PROJECT INFORMATION**

Name of Owner: Click or tap here to enter text.

Project Name: Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

Principal Contact Person: Click or tap here to enter text.

Phone/Fax/Email: Click or tap here to enter text.

DBE/WBE/MBE (if applicable): Click or tap here to enter text.

Number of Years in Business: Click or tap here to enter text.

Brief Description of the Need for Project Based Vouchers: Click or tap here to enter text.

Owner Experience with Affordable Rental Housing: Click or tap here to enter text.

This proposal for Project Based Vouchers is for:

- New Construction.
- Rehabilitation of Units
- Existing Housing

Length of Initial Term. The proposed initial term of the PBV HAP contract for this project is:

- 15 Years
- 20 Years

Date units are expected to be placed under PBV contract: Click or tap here to enter text.

Will this be a single-stage or multi-stage project? A project may either be a single-stage or multi-stage project. *(A single stage project will have the same effective date for all contract units. A multi-stage project will separate effective dates for each stage).*

- Single-Stage (all units will be placed under contract at the same time)
- Multi-Stage (units will be added to the contract in small groups, as units are completed and ready for tenant occupancy)

**Single-Stage Projects (Only)**

Effective Date for all contract units: Click or tap here to enter text.

The date for commencement of work is not later than Click or tap here to enter text. calendar days after acceptance of this proposal.

The date for completion of the work is not later than Click or tap here to enter text. calendar days after the start of work.

**Multi-Stage Projects (Only)**

Enter the information for each stage upon execution of the Agreement for the corresponding stage.

Stage	Number of Units	Effective Date	Date of Commencement of Work	Time for Completion of Work

Description of Assisted Units and Initial Rents Proposed for this Project:

Stage	Bedrooms in Unit	Bathrooms	Square Footage	Number of Units	Proposed Initial Rent

Total Number of Units: Click or tap here to enter text.

**PART II. SOURCES AND USES OF FUNDS**  
(NEW CONSTRUCTION AND REHAB ONLY)

Provide sufficient information to document the sources and uses of all

**Sources of Funds**

Provide details that include the principle, interest rate and amortization term for each source of funding.

[Click or tap here to enter text.](#)

**Uses of Funds**

Provide a detailed breakdown of all project costs, including hard and soft cost items. If you are attaching a spread sheet, separate from this document, please name the file or title the document “Uses of Funds.”

[Click or tap here to enter text.](#)

**Commitment Letters**

Provide copies of commitment letters from all sources of financing disclosing significant terms. List the name of the funder and file name in the space below:

[Click or tap here to enter text.](#)

**Tax Credit Projects (only)**

Provide copies of tax credit allocation commitment letter(s) from Oregon Housing and Community Services or IRS Form 8609, equity investment commitment letter(s) and bridge loan details (if any).

[Click or tap here to enter text.](#) Amount of Credits Reserved

[Click or tap here to enter text.](#) Amount of historic tax credits (as applicable)

[Click or tap here to enter text.](#) Amount of Bridge Loan Details (as applicable)

[Click or tap here to enter text.](#) Amount of Equity Investment Contribution (as applicable)

Equity contribution schedule showing amount and timing

[Click or tap here to enter text.](#)

**Operating Proforma**

Provide an operating proformas that demonstrates projected project income, expenses and cash flow.

**PART III. SERVICES, MAINTENANCE AND EQUIPMENT TO BE PROVIDED BY THE OWNER WITHOUT CHARGES IN ADDITION TO RENT TO OWNER**

Provide detailed information describing the services, maintenance and equipment that will be provided by the owner **WITHOUT** charge to the tenant, during the term of the contract. Examples may include, but are not limited to owner provided utilities, appliances, community spaces, washer/dryer, etc.

Click or tap here to enter text.

**PART IV. UTILITIES AVAILABLE IN THE CONTRACT UNITS, INCLUDING A LISTING OF UTILITY SERVICES TO BE PAID BY THE OWNER (WITHOUT CHARGES IN ADDITION TO RENT TO OWNER) AND UTILITIES TO BE PAID BY THE TENANTS**

The owner shall provide or pay for the utilities/appliances indicated below by an “O”. The tenant shall provide or pay for the utilities/appliances indicated below by a “T”. Unless otherwise specified below, the owner shall pay for all utilities and provide the refrigerator and range/microwave.

Item	Specify Fuel Type					Paid By
Heating	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Bottle Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Other	
Cooking	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Bottle Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Other	
Water Heating	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Bottle Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Other	
Other Electric						
Water						
Sewer						
Trash Collection						
Air Conditioning						
Other (Specify)						
						<b>Provided By</b>
Refrigerator						
Range/Microwave						

## **PART V. IDENTIFICATION OF OTHER FORMS OF ASSISTANCE**

### **HUD ASSISTANCE**

Identify the number of proposed contract units (if any) that received one of the following forms of HUD assistance (enter the number of contract units in front of the applicable form of assistance. If none, enter “0”):

[Click or tap here to enter text.](#) Public Housing or Operating Funds;

[Click or tap here to enter text.](#) Project-Based Rental Assistance (including Mod Rehab and Mod Rehab Single-Room Occupancy);

[Click or tap here to enter text.](#) Housing for the Elderly (Section 202 or the Housing Act of 1959);

[Click or tap here to enter text.](#) Housing for Persons with Disabilities (Section 811 of the Cranston-Gonzalez Affordable Housing Act);

[Click or tap here to enter text.](#) Rent Supplement Program;

[Click or tap here to enter text.](#) Rental Assistance Program;

### **FEDERAL RENT RESTRICTIONS**

Identify the number of proposed contract units (if any) that were under any of the following federal rent restrictions (enter the number of contract units in front of the applicable type of federal rent restriction. If none, enter “0”):

[Click or tap here to enter text.](#) Section 236;

[Click or tap here to enter text.](#) Section 221(d)(3) or (d)(4) BMIR (below-market interest rate);

[Click or tap here to enter text.](#) Housing for the Elderly (Section 202 or the Housing Act of 1959);

[Click or tap here to enter text.](#) Housing for Persons with Disabilities (Section 811 of the Cranston-Gonzalez Affordable Housing Act);

**DESIGNATED HOUSING**

Identify the number of proposed contract units (if any) designated for occupancy by elderly families or by families eligible for supportive services:

Place a check mark here  if any contract units are designated for occupancy by **elderly families**;

Click or tap here to enter text.The number of proposed contract units that will be designated for occupancy by elderly families.

Place a check mark here  if any contract units are designated for occupancy by families eligible for supportive services.

Click or tap here to enter text.The number of contract units that will be rented to families eligible for supportive services.



## **PART VI. REQUIRED DOCUMENTS AND ATTACHMENTS**

Applicants must provide the following documents. They should be included with the application and clearly identified in the submission.

- [Form HUD 2880](#) – Standard Disclosure of Perjury Statement, Identity of Interest Statement
- [Form HUD 92273](#) - Estimates of Market Rent (New Construction or Rehab only)
- Certification that the owner and other project principles are not on the U.S. General Services Administration list of parties excluded from Federal procurement and non-procurement programs.
- Site Map(s) – Identifying Location of All Buildings, Number of Units per Building and Proposed Location of PBV Units
- Any other relevant documents to demonstrate how the proposal supports NOHAs goal of advancing affordable housing opportunities that assist eligible residents obtain and maintain suitable and affordable housing.