

Attachment 4: Application For Project Based Voucher Assistance

**HOUSING AUTHORITY OF THE CITY OF PITTSBURGH
APPLICATION FOR PROJECT-BASED VOUCHER ASSISTANCE**

Owners or Project Sponsors should fill out **one application form for each site** in which Project Based Housing Choice Voucher assistance is sought as part of a full application as detailed in the full RFP. Please see the full RFP for all submission requirements.

Date: _____

Applicant Name: _____

Mailing Address: _____

I am requesting Project-based Housing choice Voucher assistance for a total of units.

1. Information on Units:

a. Project Address(es) - specify address(s) for **each building**:

Building:	Address(es):	Total No. of Units	Units Proposed for PBV Assistance
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____

b. Census Tract Number: _____ Percent of Poverty* In Tract: _____

Briefly describe the need for project-based assistance. Please include information on the number of non-assisted units, if any, in the project. Use additional pages as necessary:

c. Do any other units within the proposed project have another form of rental or other government assistance?

Other forms of assistance would include: Yes No

- Section 236 Rental Housing Program
- 221d FHA Insurance Program for Multi-family or Cooperative Housing
- Section 202 Supportive Housing for the Elderly
- Section 811 Supportive Housing for Disabled Persons
- HOME Investment Partnership Program
- Housing Stabilization Funds
- Community Development Block Grant funds
- Low-Income Housing Tax Credits
- HUD-insured or co-insured mortgages
- Federal Home Loan Bank housing program funds
- Tenant-based Section 8 Housing Choice Vouchers
- Other federal, state or local subsidized housing program

If "Yes," describe the type(s) of assistance and number of units covered on a separate sheet of paper.

d. Affordability Restrictions

Is there a housing affordability restriction in the deed or other document?

 Yes No

If "Yes," name the housing program(s) requiring the restriction below:

When (date) do(es) the restriction(s) expire? _____

e. How many units of the total requested for PBV assistance are handicapped accessible - describe number and type of

Number

Accessible Features

<u>Number</u>	<u>Accessible Features</u>
_____	_____
_____	_____
_____	_____
_____	_____

f. Intended Resident Population (Check all that apply):

 Single Persons Elderly (62 yrs. and over) Targeted Populations receiving specific supportive services Families Disabled

g. Tenant Selection Criteria and Plan

Please attach your written tenant selection criteria and plan to fill the PBV assisted units. Note that HUD requires the HACP to operate the waiting list for Project Based Voucher Properties. HACP intends to establish and utilize a project-based Wait List to select applicants, but operators may apply additional screening criteria beyond basic HCV eligibility. At a minimum, the plan must describe, with specificity, your tenant screening criteria. If a credit check is one of the screening tools, the plan must include the criteria used to determine acceptability. Please note that criteria for screening both assisted and unassisted tenants must be consistent.

i. Please check who will be responsible for providing the following appliances:

Cooking Stove:	Owner: <input type="checkbox"/>	Tenant: <input type="checkbox"/>
Refrigerator:	Owner: <input type="checkbox"/>	Tenant: <input type="checkbox"/>

Requested Contract Term: _____ years (if request varies per bldg., attach explanation)

a. Owner/Project Sponsor must request a minimum term of 5 years up to a maximum term of 20 years.

b. Would you be willing to accept an extension of the contract if it were approved by the HACP?
 Yes No

c. If "Yes," the owner should attach a letter indicating willingness to enter into a contract agreeing to accept a contract extension beyond the initial term if offered by HACP. The letter should specify the length of the additional term the owner/sponsor would accept.

Community Amenities:

Distance to:	Less than a 1/4 Mile	miles	More than 3 Miles
Shopping (i.e., groceries, pharmacy, other everyday type of needs)			
Employment opportunities (i.e., organizations with 25 or more employees)			
Public transportation			
Significant Medical facilities (hospital)			
Public schools			
Parks, civic features			

Unit/Apt. Complex Amenities (if inconsistent from building to building, attach explanation):

Check all that apply:

- Features adapted/adaptable for persons with disabilities
 - Off street parking
 - Laundry facilities
 - Porches/decks/personal back yards
 - Children's play areas
 - Recreational facility for adults and children
 - Common area function room(s)
 - Other, please specify:
-

Experience Owning Rental Housing (check if any apply):

- a. 10 years or more experience owning affordable rental housing
- 1-9 years experience owning affordable rental housing
- 10 years or more experience owning other rental housing
- 1 to 9 years experience owning other rental housing
- b. On a separate page(s), describe your experience, including the exact number of years of experience in owning rental housing, the amount of that time devoted to affordable rental housing, if applicable; the number of units (specify separately number of affordable and other rental units); if you own the subsidized properties, the address(es) and funding source(s), and if you have ever had assistance terminated. If you have had assistance terminated, please identify the program(s) and state why. Attach as many separate page(s) as necessary.

Experience Managing and Maintaining Rental Housing (check if any apply):

- a. 10 years or more experience managing and maintaining affordable rental housing
- 1 to 9 years experience managing and maintaining affordable rental housing
- 10 years or more experience managing and maintaining other rental housing
- 1 to 9 years experience managing and maintaining other rental housing
- b. On a separate page(s), describe your experience or the experience of your property manager or as property manager, including the exact number of years of experience in managing and maintaining rental housing, the amount of that time devoted to affordable rental housing. Attach as many separate page(s) as necessary.

Applicant's Plans for Management and Maintenance of Units

- a. Do you have a written plan for the maintenance of the units? Yes No

If "Yes," please include the maintenance plan with this application. If "No," please prepare a description of how units will be maintained, both on an on-going and long-term basis, focusing on preventive maintenance, routine maintenance, emergency repairs, security, and health and safety-related areas. Be sure to identify what personnel will perform the maintenance of units and common areas, note where they are located and hours of operation.

- b. Do you have a written plan for the management of the units? Yes No

If "Yes," include the plan with this application. If "No," identify what personnel manages the units, note where they are located, hours of operation and any other descriptive information about their functions.

- c. If applicable, list any service that will be provided to tenants; identify service providers:

THIS SECTION NOT FOR SERVICES FOR EXCEPTED UNIT PLANS.
PLEASE SUBMIT EXCEPTED UNIT PLANS, IF APPLICABLE, AS A SEPARATE ATTACHMENTS AS PER THE RFP.

POPULATION	TYPE OF SERVICE	SERVICE PROVIDER

Identity of Interest

Provide the required information on a separate sheet of paper and attach to this application. The identity of the owner and other project principals and the names of officers and principal members, shareholders, investors, and other parties having a substantial interest; certification showing that the above-mentioned parties are not on the U.S. General Services Administration list of parties excluded from Federal procurement and nonprocurement programs; a disclosure of any possible conflict of interest by any of these parties that would be a violation of the PBV Housing Assistance Payments (HAP) contract; and information on the qualifications and experience of the principal participants. Information concerning any participant who is not known at the time of the owner's submission must be provided to HACP as soon as the principal is known.

I, _____, attest and certify that all of the information herein contained is true and accurate to the best of my knowledge. I understand that by submitting this application for Project-based Housing Choice Voucher Program assistance, there is no promise or guarantee from the Housing Authority of the City of Pittsburgh (HACP) that my proposal will be accepted. I understand that in-place existing tenants must be certified as eligible to receive project-based assistance, and if they are not eligible, I will not displace them in order to qualify the unit for PBV assistance. I understand and agree to abide by the PBV assistance requirements to select tenants for vacant units from the site-based waiting list established for this purpose.

Signature of Owner

Owner's Phone Number

Date

Email address of Owner

Owner's Address

Name of Contact

Email address of Contact

Contact Phone Number