



HOME PROGRAM

FY 2024 APPLICATION FOR FUNDING

Applicant: _____

Project Name: _____

Home Funds Requested: _____

DEADLINE: Friday, February 2nd, 2024

COUNTY OF MONMOUTH
DIVISION OF PLANNING
OFFICE OF COMMUNITY DEVELOPMENT
ATTENTION: MARISSA CORTESE
HALL OF RECORDS ANNEX
ONE EAST MAIN STREET, 2ND FLOOR
FREEHOLD, NJ 07728
(732) 431-7460

GENERAL INSTRUCTIONS

1. Applicant must use the official Monmouth County HOME forms (photocopies will be accepted). An electronic copy (in Microsoft Word) to facilitate typing will be provided upon request.

Typewritten applications and attachments are preferred over handwritten submissions and must be signed in all instances.

2. Applications and all supporting documentation must be in English.
3. ALL applications must be accompanied by a resolution of endorsement from the governing body of the municipality in which the project will be located.
4. If the project is located on a county road, evidence of approval by the County Planning Board must accompany the application.
5. Applicants must scan a copy to Marissa.Cortese@co.monmouth.nj.us and submit one original copy of the completed application by **Friday, February 2nd, 2024**.
6. Only one project per application.
7. The application, and all certifications contained therein, must be dated and signed by the Chief Executive Officer of the applying Agency/Organization.

HOME Program Application Checklist

Submit the following documents with your application (3 sets):

| Submitted | Not Applicable | Not Yet Available | Item |
|-----------|----------------|-------------------|--|
| | | | Project endorsement resolution by municipal governing body |
| | | | Evidence of Site Control (title evidence, purchase contract, etc.) |
| | | | Executed Partnership Agreement or Incorporation Documents (at a minimum, a draft of the proposed agreement must be submitted) |
| | | | List of all partners, members or stockholders of for-profit applicants |
| | | | IRS 501 (c)(3) Statement |
| | | | Plan for Property Management |
| | | | Marketing Plan (for projects with 10 or more units) |
| | | | Appraisal (before and after rehabilitation/construction value) |
| | | | Title Search, including Verification of all existing liens on the property (copies of legal documents and completed mortgage verification forms) |
| | | | Survey, including plot plan |
| | | | Commitment letter from all additional funding sources (commitment shall include all terms and conditions of the proposed financing) |
| | | | Credit reports of applicant, sponsor, developer |
| | | | Financial Statements -Audited Balance Sheet, Statement of Operations (partnerships, corporations, etc.) |
| | | | Detailed Cost Estimate, Work write-up and/or Plans and Specifications |
| | | | Job description for property manager (projects with 10 or more units) |
| | | | Compliance with Handicapped Accessibility regulations |
| | | | Compliance with relocation requirements (if project is occupied) |
| | | | List which identifies current tenants and their rents (if occupied) |
| | | | Certification of Subsidy Layering (if performed by another agency or lender) |
| | | | Determination of status of historic eligibility (Section 106 Clearance, if applicable) |
| | | | Evidence of Flood Insurance (if applicable) |
| | | | Phase I environmental review of the proposed project site: UST Search/Geophysical Investigation Report Attached. |

Project Type:

Check all that apply:

- For Sale Rental
- Acquisition (Only if in conjunction with Rehabilitation or New Construction)
- Rehabilitation
- New Construction (Specify Type of Construction)
 - Conventional Modular/Manufactured
 - Other, specify:

Applicant Type:

| Check (all that apply) | Applicant Type |
|---------------------------|---|
| <input type="checkbox"/> | CHDO – must submit proof of CHDO status |
| <input type="checkbox"/> | Nonprofit |
| <input type="checkbox"/> | Limited-Dividend |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Corporation |
| <input type="checkbox"/> | Joint Venture |
| <input type="checkbox"/> | Limited Liability Corporation (LLC) |
| <input type="checkbox"/> | Other Please Specify |

Administrative Agency(s) Implementing the Project:

| | |
|---------------------|--------------------|
| Agency Name: | Contact: |
| Address | Telephone # |
| E-Mail Address | Fax # |

Please attach additional contact information if necessary

Project Narrative:

Describe, in detail, the **PROPOSED PROJECT (ONLY)** and all its various components. Include a project description and a description of all phases of implementation. If new construction or vacant building rehabilitation, indicate who will be responsible for site acquisition, arranging financing, preparing plans and specifications, securing contractors, monitoring construction, marketing and tenant selection.

Environmental Site Conditions:

If an environmental review has been undertaken, please attach it to this application or forward to this office when completed. Provide copies of Phase I audits if completed.

| Availability of Utilities | | | | | |
|----------------------------------|--------------------------|--------------------------|--------------------|--------------------------|--------------------------|
| Utilities | YES | NO | Distance from Site | Public | Private |
| Water | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Sewer | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Gas | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Electrical | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |

*Please be aware due to HUD guidelines, an environmental review must be completed by Monmouth County for each federally funded project, this process requires coordination with the environmental specialist assigned to your project.

Please provide all relevant environmental documents at the time of application submission or as soon as they become available. This includes, but is not limited to, Phase I and Phase II reports, Remedial Action Outcomes, Environmental Impact Assessments/Statements, Soil Erosion and Sediment Control approvals and applications, Habitat Studies, environmental permits and applications, Traffic Studies, Stormwater reports, total soil disturbance, and total impervious surface.

Reviewers may ask for additional information as needed. Please provide an appropriate contact in case additional information is needed for the environmental review.

If you would like to schedule a call or web meeting to discuss the environmental review requirements, please contact Marissa Cortese.

STATE AND REGIONAL PERMITS AND/OR CERTIFICATES
(CHECK ALL THAT THE PROJECT WILL REQUIRE AS WELL AS THE STATUS.)

| | Required | Applied | Not Applicable |
|--|----------|---------|-------------------|
| CAFRA | | | |
| Statewide General Freshwater Wetland Permit | | | |
| Open Water Fill Permit | | | |
| Individual Freshwater Wetlands Permit | | | |
| Transition Area Waiver or Averaging Permit | | | |
| Stream Encroachment | | | |
| Water Diversion | | | |
| Soil Erosion and Sediment Certificate | | | |
| Air Pollution Control | | | |
| Waterfront Development | | | |
| Discharge Prevention & Control | | | |
| Underground Storage Tank | | | |
| Dam Repair/Construction | | | |
| Realty Improvement Sewerage and Facilities Certificate | | | |
| NJPDESA Permit (Surface Waters) | | | |
| NJPDES Permit (Ground Waters) | | | |
| Sewer Extension/construction | | | |
| Sewer Connection Exemption | | | |
| Water Quality Certificate | | | |
| Solid Waste Facility Registration | | | |
| Disruption of Solid Waste | | | |
| Recycling Facility | | | |
| Hazardous Waste Facility | | | |
| Water Diversion (Surface) | | | |
| Water Diversion (Ground Water) | | | |
| Water Lowering Permit | | | |
| Well Drilling Permit | | | |
| Potable Water Facility | | | |
| Green Acres Review | | | |
| Access Driveway Permit | | | |

| | Required | Applied | Not Applicable |
|--|----------|---------|-------------------|
| Drainage permit | | | |
| Highway Advertising Permit | | | |
| Outdoor Advertising Permit | | | |
| D&C Canal Review | | | |
| Delaware River Basin Commission Review | | | |
| Any additional? | | | |
| | | | |
| | | | |

| | CONDITION | YES | NO |
|----------------------------------|--|-----|----|
| Zoning | Is the site zoned for the proposed use? | | |
| | * Will a land use variance be required? | | |
| Size of Site | Click here to enter text. | | |
| Site Control | Does the applicant/developer have an option to purchase? | | |
| | Is the site already owned by the applicant? | | |
| State Plan | Does project conform with the State Development and Redevelopment Plan? | | |
| Wetlands/ Flood | Is project located in a flood plain? | | |
| | Are wetlands located on the project site? | | |
| | Is the project located in a flood hazard area? | | |
| Historic | Will project impact any historic structures? | | |
| | Is the historic structure on the state or federal register? | | |
| | If not, is the historic structure potentially eligible for inclusion on either of these registers? | | |
| | Will project impact any archaeologically sensitive area? | | |
| Underground Storage Tanks | Are there any existing structures or underground tanks on the site? | | |
| Relocation | If there are structures located on the site, will relocation be necessary? | | |
| Demolition | If there are structures located on the site, will demolition be necessary? | | |

* Please attach a copy of the variance (f required) to this application following this page

III. GENERAL HOUSING INFORMATION

| Check all that apply: | Specifically Targeted Population | # Units |
|-----------------------|--|---------|
| | Elderly (one household member over 62 – not frail) | |
| | Frail Elderly | |
| | Disabled | |
| | HIV/AIDS | |
| | Families in Programs to Achieve Economic Independence | |
| | Small Families (2-4 individuals) | |
| | Large Families (5 or more individuals) | |
| | Chronically Homeless Individuals | |
| | Chronically Homeless Families | |
| | Other Households (1 or more persons not meeting large or small definitions, elderly households of 3 or more, or special need category) | |
| | Non- Targeted Units – General Population | |

| Building Type | | | | |
|---------------------------------------|-----------------------|-------------------------|----------------------------------|---------------------|
| Building Type | No. of Stories | No. of Buildings | No. of Units per Building | No. of Units |
| Single-Family | | | | |
| Attached | | | | |
| Detached | | | | |
| Townhouse | | | | |
| Semi-detached (2-family or duplex) | | | | |
| Other (specify) | | | | |
| Multi-Family | | | | |
| Hi-Rise | | | | |
| Mid-Rise | | | | |
| Garden Style | | | | |
| Other Specify | | | | |

UNIT SIZES AND DESIGNATIONS - Complete for both Rental and For Sale Projects

| Unit Type | HOME-Assisted Units | | | | COAH* Qualified Units | | | | Market Units | |
|--------------------|---------------------|---------------------|-----------------|---------------------|-----------------------|---------------------|-----------------|---------------------|--------------|---------------------|
| | Low-Income | Size in Square Feet | Moderate-Income | Size in Square Feet | Low-Income | Size in Square Feet | Moderate-Income | Size in Square Feet | Market | Size in Square Feet |
| Efficiency | | | | | | | | | | |
| 0 Bedroom / Studio | | | | | | | | | | |
| 1 Bedroom | | | | | | | | | | |
| 2 Bedrooms | | | | | | | | | | |
| 3 Bedrooms | | | | | | | | | | |
| 4 or more Bedrooms | | | | | | | | | | |

For - Sale
Project Section

SALES PROJECT DATA – Complete Only for Projects with For-Sale Units

| No of Bedrooms | Costs at Point of Sale | | Annual Post-Sale Costs | | | |
|---|------------------------|---------------|-------------------------|----------------------------|----------------|----------------|
| | Sales Price | Closing Costs | Annual Mortgage Payment | Annual Taxes and Insurance | Common Charges | Total Payments |
| HOME-Assisted Units | | | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4+ | | | | | | |
| COAH-qualified Units (not HOME funded) | | | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4+ | | | | | | |
| Market Units | | | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4+ | | | | | | |

Rental Project Section

RENTAL PROJECT INCOME DATA – Complete Only for Projects with Rental Units

Line A: Total HOME Assisted Units in Project _____

Line B: Minimum Low Home Rent Units (Multiply Line A by 20%) _____

Enter zero if less than 5 total HOME Assisted Units _____

Line C: High HOME Rent Units (Subtract Line B from Line A)

| | 2021 HOME PROGRAM RENTS | Efficiency | 1 Bedroom | 2 Bedrooms | 3 Bedrooms | 4+ Bedrooms | Total |
|-----------|---|-------------------|------------------|-------------------|-------------------|--------------------|--------------|
| 1 | Low Home Rent* | 957 | 1026 | 1231 | 1422 | 1587 | |
| 2 | # units at Low Home Rent (Line B above) | | | | | | |
| 3 | Revenue from Low Home Rent Units (Line 1 x Line 2) | | | | | | |
| 4 | High Home Rent* | 1126 | 1291 | 1578 | 1815 | 2005 | |
| 5 | # units at High Home Rent (Line C above) | | | | | | |
| 6 | Revenue from High Home Rent Units (Line 4 x Line 5) | | | | | | |
| 7 | Rent For Unassisted Units | | | | | | |
| 8 | # Unassisted Rental Units | | | | | | |
| 9 | Revenue from Unassisted Units (Line 7 x Line 8) | | | | | | |
| 10 | GROSS RENT POTENTIAL (Line 3 + Line 6 + Line 9) | | | | | | |

* Applicable rents for units larger than 4 bedrooms consult Monmouth County HOME policy guidelines

| BREAKDOWN OF MONTHLY RENT ELEMENTS | | | | |
|---|---------------------|---------------------------------------|-----------------------------------|------------------------------------|
| Bedrooms | Monthly Rent | Monthly Utilities Not In Rent* | Other Fees & Charges** | Gross Rent (see note below) |
| HOME-Assisted Units | | | | |
| 0 /1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4+ | | | | |
| COAH-Qualified Units (not HOME funded) | | | | |
| 0 /1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4+ | | | | |
| Market Units | | | | |
| 0 /1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4+ | | | | |

* List utilities not included in rent: _____ **List other fees and charges: _____

**NOTE: Gross rents for HOME assisted units cannot exceed Low/High HOME rents calculated on previous page
Use Utility Allowance instructions within Policy Guidelines document to calculate value of utilities not included in rent**

RENTAL PROJECT DATA – Complete Only for Projects with Rental Units

**ONE-YEAR RENTAL PROJECT PRO FORMA
OPERATING BUDGET**

| OPERATING INCOME | Amount of Expense for First Full Year of Operations | |
|--|--|--|
| 1) Gross Rent Potential (From Page _____) | | |
| 2) Vacancy Factor / Bad Debt** (___% of Line 1) | | |
| 3) Net Rental Income (Line 1 minus Line 2) | | |
| 4) Laundry Income | | |
| 5) Miscellaneous Income (explain) | | |
| Total Income (Line 3 plus Lines 4 and 5) | | |
| OPERATING EXPENSES | | |
| Administrative Expenses | | |
| 6) Marketing | | |
| 7) Office Space | | |
| 8) Management fees (including staff costs)* | | |
| 9) Legal fees | | |
| 10) Accounting/audit fees | | |
| 11) Telephone | | |
| 12) Miscellaneous (specify) | | |
| 13) Other administrative expenses* | | |
| Total Administrative Expense | | |

** Provide and justify all assumptions, including vacancy allowance percent.

| | | |
|---|--|--|
| Utilities | | |
| 14) Electricity | | |
| a) Residential | | |
| b) Commercial areas | | |
| c) Common areas | | |
| 15) Heat and hot water (Specify fuel – Oil; Natural Gas; Electric) | | |
| a) Residential | | |
| b) Commercial areas | | |
| c) Common areas | | |
| 16) Water | | |
| 17) Sewer | | |
| Total Utilities Expense | | |
| Operating Expense | | |
| 18) Janitor Supplies * | | |
| 19) Exterminating/ Pest Control | | |
| 20) Garbage/trash removal | | |
| 21) Security Payroll/Contract * | | |
| 22) Lawn and landscaping / Grounds Maintenance | | |
| 23) Repair materials and supplies | | |
| 24) Elevator Maintenance (if any) | | |
| 25) HVAC Maintenance | | |
| 26) Painting & Decorating | | |
| 27) Snow removal | | |
| 28) Other * | | |
| Total Operating Expense | | |

| | | |
|--|--|--|
| Payroll Expenses | | |
| 29) Office Salaries | | |
| 30) Manager Salary | | |
| 31) Janitor's Payroll | | |
| 32) Maintenance Payroll | | |
| 33) Employee Payroll Tax | | |
| 34) Worker's Compensation | | |
| 35) Employee Benefits | | |
| 36) Employee Apartment Rental | | |
| 37) Other Payroll Expense | | |
| Total Payroll Expenses | | |
| Taxes/Insurance | | |
| 38) Real Estate Taxes ((estimated value of (\$_____) times projected tax rate of \$_____/ \$1,000) | | |
| 39) Miscellaneous Taxes/Permits | | |
| 40) Property and Liability Insurance | | |
| 41) Other | | |
| Total Taxes & Insurance Expenses | | |
| Reserves & Capital Expenditures | | |
| 42) Replacement Reserves | | |
| 43) Equipment/ Capital Expenditures | | |
| 44) Other | | |
| Total Replacement Reserves & Capital Expenditures | | |
| Operating Reserve | | |
| Net Operating Income Before Debt Service | | |

| | | |
|---|--|--|
| DEBT SERVICE | | |
| Primary Debt Service – (Provide Name of Lender here) | | |
| Secondary Debt Service – (Provide Name of Lender here) | | |
| Other Debt Service - (Provide Name of Lender here) | | |
| Other Debt Service - (Provide Name of Lender here) | | |
| Other Debt Service - (Provide Name of Lender here) | | |
| Other Debt Service - (Provide Name of Lender here) | | |
| Total Debt Service | | |
| 35. NET CASH FLOW | | |

| | |
|-----------------------------|--|
| Debt Service Coverage Ratio | |
|-----------------------------|--|

* Please specify these costs in detail on an attached sheet

TEN-YEAR PRO FORMA RENTAL OPERATING BUDGET

| TEN - YEAR SPAN * | | | | | | | | | | |
|---|------|------|------|------|------|------|------|------|------|------|
| (Provide trend percentages) | 20__ | 20__ | 20__ | 20__ | 20__ | 20__ | 20__ | 20__ | 20__ | 20__ |
| Gross Revenue Potential @__ __% | | | | | | | | | | |
| Less Vacancy /Bad Debt @ ___% | | | | | | | | | | |
| Plus Laundry Income @__% | | | | | | | | | | |
| Plus Miscellaneous Income | | | | | | | | | | |
| Total Income | | | | | | | | | | |
| Administrative Expenses @ ____% | | | | | | | | | | |
| Utilities Expense @ ____% | | | | | | | | | | |
| Operating Expenses @ ____% | | | | | | | | | | |
| Payroll Expenses @ ____% | | | | | | | | | | |
| Taxes/Insurance @ ____% | | | | | | | | | | |
| Reserves/Capital Expend. @__% | | | | | | | | | | |
| Operating Reserve @____% | | | | | | | | | | |
| Net Operating Income Before Debt | | | | | | | | | | |
| Less Debt Service | | | | | | | | | | |
| Net Cash Flow | | | | | | | | | | |

Complete the Following for all Types of Applications

**TABLE 1: SOURCES AND USES OF FUNDS
COMPLETE FOR ALL PROJECTS**

| Item | Source | Terms and Conditions* | Amount |
|------|-------------------------------|-------------------------------------|--------|
| A. | MONMOUTH COUNTY HOME FUNDS | | |
| B. | | | |
| C. | | | |
| D. | | | |
| E. | | | |
| F. | | | |
| G. | | | |
| H. | | | |
| I. | | | |
| | | TOTAL FUNDS FROM ALL SOURCES | |

* Specify "Loan" or "Grant", including "Owner's Funds"

NOTE: Total sources on this page should equal total uses on the following page. Include all funding sources, both public and private, required to complete the project. If sources are not yet known, list as "unidentified at this time". If bridge loan or construction financing will be replaced by permanent financing, include a narrative providing details (amount, interest rate, term, lender, etc.) of both the interim and permanent loans.

TABLE 2: PROJECT COSTS – USES OF FUNDS

| Itemized Cost | Amount | Cost Per Unit | Cost Per Square Ft. | Source of Funds From Chart on Previous Page |
|--|--------|---------------|---------------------|---|
| Acquisition Cost | | | | |
| • Land | | | | |
| • Existing Structures | | | | |
| • Other Acquisition Costs | | | | |
| Site Work (not in construction contract) | | | | |
| • Demolition / Clearance | | | | |
| • Site Remediation | | | | |
| • Improvements | | | | |
| • Other Site Work costs | | | | |
| Construction/Rehabilitation (construction contract) | | | | |
| • Other Site Work | | | | |
| • New Construction | | | | |
| • Rehabilitation | | | | |
| • General Requirements | | | | |
| • Builder’s Overhead | | | | |
| • Builder’s Profit | | | | |
| • Performance Bond Premium | | | | |
| • Construction Contingency | | | | |
| • Other Construction / Rehabilitation Costs | | | | |
| Architectural and Engineering Fee | | | | |
| • Architect Fee – Design | | | | |
| • Architect Fee – Construction Supervision | | | | |
| • Consultant or Processing Agent | | | | |
| • Engineering Fees | | | | |
| • Other Construction / Rehabilitation Costs | | | | |
| Other Owner Costs | | | | |
| • Project Consultant Fees | | | | |
| • Legal & Organizational Expenses | | | | |
| • Syndication Fees | | | | |
| • Market Study | | | | |
| • Survey | | | | |
| • Appraisal Fees | | | | |
| • Permitting Fees | | | | |
| • Tap Fees & Impact Fees | | | | |
| • Soil Borings/Environmental Survey | | | | |
| • Lead-Based Paint Evaluation | | | | |
| • Real estate Attorney Fees | | | | |

| | | | | |
|--|--|--|--|--|
| • Construction Loan Legal Fees | | | | |
| • Other Owner Costs | | | | |
| Interim Financing Cost | | | | |
| • Construction Insurance | | | | |
| • Construction Interest | | | | |
| • Construction Loan Origination Fee | | | | |
| • Title & Recording Costs (for Construction loan) | | | | |
| • Other Interim Financing Costs | | | | |
| Permanent Financing Fees and Expenses | | | | |
| • Credit Report | | | | |
| • Permanent Loan Origination Fee (Points) | | | | |
| • Mortgage Broker Fees | | | | |
| • Title and Recording Costs (permanent financing) | | | | |
| • Counsel's Fee | | | | |
| • Lender's Counsel Fee | | | | |
| • Other Permanent Financing Fees & Expenses | | | | |
| Developer's Fee | | | | |
| Initial Project Reserves | | | | |
| • Initial Rent-Up Reserve | | | | |
| • Initial Operating Reserve | | | | |
| • Initial Replacement Reserve | | | | |
| • Other Initial Project Reserve Costs | | | | |
| Tenant Relocation Costs | | | | |
| Project Administration & Management Costs | | | | |
| • Marketing/Management | | | | |
| • Operating Expenses | | | | |
| • Taxes | | | | |
| • Insurance | | | | |
| • Other Project Administration/Management Costs | | | | |
| Other Development Costs (specify) | | | | |
| 1. | | | | |
| 2. | | | | |
| Construction Interest Calculation _____ | | | | |
| Construction Loan Amount _____ | | | | |
| Interest Rate _____ | | | | |
| Months of Construction _____ | | | | |
| Average Outstanding Balance _____ | | | | |
| Construction Interest _____ | | | | |
| TOTAL DEVELOPMENT COSTS (excluding points) | | | | |

*Specify Source: Each source in Table 1 (page 22) must correspond to the Source in Table 2. (Pages 23 and 24)

PERMANENT FINANCING

Identify any sources of permanent financing that will replace the development financing sources identified above.

| Lender/ Investor | Terms | Amount |
|-------------------------|--------------|---------------|
| | | |
| | | |
| | | |

NOTE: ATTACH COPIES OF COMMITMENT LETTERS FOR ANY PERMENANT FINANCING OBTAINED.

PROJECT MATCH LIABILITY

| Types of Match | Brief Description and Source of Match | Written Commitment Y/N | Amount of Project Match |
|--|--|-----------------------------------|--------------------------------|
| Cash (non-Federal sources) | | | |
| Foregone Taxes, Fees, Charges* | | | |
| Appraised Land/real Property | | | |
| Required Infrastructure | | | |
| Site Preparation, Construction Materials, | | | |
| Donated Labor | | | |
| Bond Financing | | | |
| Other: | | | |

V. Project Schedule

| Activity | Start Month/Year | Complete Month/Year |
|--------------------------|---------------------|------------------------|
| Close on Financing | | |
| Acquisition | | |
| Site Plans | | |
| Architectural Plans | | |
| Zoning / Variances | | |
| Local Approvals | | |
| Local Permits | | |
| State DEP | | |
| State ECRA | | |
| State P.R.E.D. (condo's) | | |
| Other | | |
| Site Work | | |
| Building Construction | | |
| Lease-Up | | |
| Occupancy | | |

P.R.E.D.- Planned Real Estate Development

Designated Developer or Contractor (if applicable):

| | |
|-----------------------|------------|
| Developer's Name | |
| Street Address | |
| City, State, Zip Code | |
| Telephone # | Fax Number |
| Contact E-mail | |

Previous Development Experience:

Describe the experience of all administrative agencies designated to coordinate, participate in, or oversee implementation of the proposed project. Give a brief description of each agency's expertise, staff level, past experience and involvement in past housing projects. Cite at least three past projects of a comparable nature indicating degree of involvement, project addresses, number of units, scope of work, and development costs. If any portion the administration of the project will be subcontracted to a consultant, describe the consultant's expertise and related experience in detail as outlined above.

Please insert additional pages following this page if necessary.

Applicant Certifications

The Applicant hereby assures and certifies that it will comply with the regulations, policies, guidelines, and requirements with respect to the acceptance and use of federal funds for this federally assisted program, if approved for funding. Also, the Applicant gives assurances and certifies with respect to the grant that:

- a) The Applicant possesses the legal authority to make a grant submission, the carry out the programs for which it is seeking funding, and undertake the proposed program under State and local law and in accordance with applicable HUD regulations.
- b) Prior to the submission of this Request for Funding Application, the Applicant has obtained the written support of the municipality in which the project is to be undertaken.
- c) The Applicant will work to affirmatively further fair and affordable housing, take appropriate actions to overcome the effects of any impediments identified to fair and affordable housing choices for low- and moderate-income individuals and families. Further, the Applicant will agree to maintain records reflecting actions taken to affirmatively further fair and affordable housing.
- d) The Applicant will administer the grant, if provided; in accordance with the HOME Investment Partnership Program regulations defined in 24 CFR Part 92 and other Federal regulations, policies, guidelines. And requirements, including those outlined in OMB Circulars nos. A-87, A-110, A-122, A-128, and A-133, and as amended or superseded, as they relate to the acceptance and use of federal funds under this federally assisted program; and the Uniform Administrative and Program Management Standards and Cost Principles contained in 24 CFR Part 54 and 85;
- e) It will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, and implementing regulations at 49 CFR 24; and it has in effect and will follow the County's a residential anti-displacement and relocation assistance plan required under section 104(d) of the Housing and Community Development Act of 1974, as amended, in connection with any activity assisted with funding under the HOME program.
- f) To the best of the jurisdiction's knowledge and belief:
 - No Federal appropriated funds have been paid or will be paid, by or on behalf of it, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;
 - If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions; and

- It will require that the language of paragraph 1 and 2 of this anti-lobbying certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

- g) The housing activities to be undertaken with HOME funds are consistent with the County’s approved Consolidated Plan.
- h) It will comply with section 3 of the Housing and Urban Development Act of 1968, and implementing regulations at 24 CFR Part 135.
- i) The grant will be conducted and administered in conformity with title VI of the Civil Rights Act of 1964 (42 USC 2000d), the Fair Housing Act (42 USC 3601-3619), and implementing regulations.
- j) The Applicant with the lead-based paint regulations at 24 CFR Parts 35, 968, and 1000;
- k) The Applicant is using and will use HOME funds for eligible activities and costs, as described in 24 CFR § 92.205 through 92.209 and that it is not using and will not use HOME funds for prohibited activities, as described in § 92.214.
- l) Before committing any funds to a project, it will evaluate the project in accordance with the guidelines that it adopts for this purpose and will not invest any more HOME funds in combination with other Federal assistance than is necessary to provide affordable housing;
- m) It will give HUD, the Comptroller General, Monmouth County Community Development Program, or any other authorized representatives access to and the right to examine all records, books, papers, or documents related to the grant, if approved.

THE APPLICANT CERTIFIES THAT:

To the best of its knowledge and belief, the data and statements presented in this application are true and correct; the document has been duly authorized by the governing body of the applicant; and the applicant will comply with the certifications listed above if the application for funding is approved. Further, I realize that Monmouth County will rely on such information in making its determination as to the project's potential for financing. If any of the other information submitted in the proposal changes, I am aware that Monmouth County's determination as to project acceptability may be affected, and that financing, if awarded may be jeopardized.

Certifying Representative:

Certifying Representative

Title

DATE

SIGNATURE