

Applicant's Name:
Project Name:



2023 Application

CDBG, HOME, and City General Funds

City of Sioux Falls
Housing Division
P.O. Box 7402
231 North Dakota Avenue
Sioux Falls, SD 57117-7402
367-8180
www.siouxfalls.org



The signed, original application must be provided to the Housing Division. No other forms or versions of this application will be accepted. Please answer all questions. Additional sheets may be attached if space is needed to complete the response (however, do not answer questions by *only* providing attachments). Other attachments to support the project may be included.

It is the responsibility of the applicant to review the application prior to submission to ensure it is complete and accurate. A project should be defined in terms of a single activity. An application may be rejected if incomplete, not signed by the proper authority, or does not clearly define the project.

Applications will be reviewed for eligibility. Selected applicants may be scheduled to appear before the Accessible Housing Advisory Board to respond to any questions the Board has regarding the application or activity. This Board will recommend projects and funding levels to be included in the City's Annual Action Plan to the U. S. Department of Housing and Urban Development (HUD). A recommendation by the Board is not a guarantee the project will be funded or funded at the amount identified. Funding is contingent upon the City's receipt of federal grants and/or budgeted program income.

The Advisory Board will make recommendations based on:

1. Housing Division goals and the One Sioux Falls framework.
 - A. The Housing Division's goals are:
 - i. 1,000 housing units created by 2023.
 - B. One Sioux Falls is the framework that the administration and City employees will use to guide their work to provide excellent quality of life in Sioux Falls. Each of the four focus areas falls under the umbrella of innovation and investments in foundational growth for our growing community.
 - i. Safety and Health: Provide a safe community in which the health and well-being of our citizens are above the national average.
 - ii. Accessible Housing: Foster the availability of housing options at all income levels, throughout the city.
 - iii. Workforce: Continue to develop a community with a quality of life that will attract and retain the best employee base in the United States.
 - iv. Engaging People: Engage, collaborate, and partner with the community to solve our challenges and seize our opportunities.
2. Innovative approach.
3. Measurable impact (key performance indicator).
4. Availability of program funding.
5. Consistency with national objectives:
 - A. Activities benefiting low- and moderate-income persons.
 - B. Activities aiding in the prevention or elimination of slums or blight.
 - C. Activities meeting community development needs to have a particular urgency.
6. Local priority needs to be identified in the City's Annual Action Plan and Five-Year Consolidated Plan.
7. Availability and use of other financial resources.
8. Past experience with federal programs, including projects with the Housing Division.
9. Number of applications submitted by the applicant for the funding cycle.
10. Project sustainability.
11. Total low-income benefit.
12. Site control by applicant.

Applications submitted for HOME funds that include renovation or construction must identify specific resources to be used to meet the 25 percent local match requirement.

Funding requests may only be made to cover expected funding gaps that jeopardize the financial feasibility of a project.

Application Instructions:

1. Each applicant must complete the **Applicant Information** (page 3). A copy of the agency's Bylaws and/or Articles of Incorporation must be attached.
2. The applicant will identify which one of the following sections best categorizes the project. Questions as to the appropriate sections should be referred to the Housing Division. Only one section will be completed per project.

Section A: Public Service Activities (pages 6-10)

This section is for requests to provide public services for seniors, persons with disabilities, youth and children, battered and abused spouses, abused and neglected children, and other low-income people. Examples of eligible public service activities include legal services, transportation services, substance abuse services, employment training, fair housing, tenant/landlord counseling, child care, health and mental health services, tenant-based rental assistance, and security deposit assistance. Projects requesting funding for staffing costs of public service activities will be included in this section.

Section B: Public Facilities and Improvements (pages 11-15)

This section is for requests by public or private nonprofit entities for construction, rehabilitation, or improvements to public facilities including land acquisition. Examples of such facilities include senior centers, centers for persons with disabilities, homeless facilities, youth centers, child care centers, health facilities, and facilities for abused and neglected children. Normal repair and maintenance is ineligible.

Section C: Renovation/Acquisition of Existing Housing (pages 16-21)

This section is for the acquisition and/or rehabilitation of privately owned homes, or buildings with two or more residential units, for providing permanent housing for low- and moderate-income households, including the elderly and persons with disabilities.

Section D: New Housing Construction (pages 22-26).

This section is for the acquisition of land and/or construction of single-family or multifamily housing.

3. Applicant shall provide all required signatures and dates on the **Certification** (page 27).
4. Submit one electronic copy of the application and 16 hard copies to:

Amos Abu (aabu@siouxfalls.org)
Housing Division
P.O. Box 7402
231 North Dakota Avenue
Sioux Falls, SD 57117-7402

For your hard 16 hard copies, please print only:

- The first four pages,
- The completed Section A, B, C, or D that applies to your project, and
- The Certification on page 27.

All applications must be received **by 5 p.m. Central time on May 27, 2022**. All nonprofit organizations are to include an audited financial statement with the application.

APPLICANT INFORMATION

1) Applicant's name:

2) Applicant's mailing address:

3) Applicant's website:

4) Name of director/owner:

5) Name of contact person, title:

6) Contact information for contact person:

Phone:

Email:

Fax:

7) If the applicant is a partnership or is incorporated, list the names of all partners or all Board members and the Board President.

8) Mission or goals of the organization (**Attach a copy of Bylaws and/or Articles of Incorporation**):

9) Does the applicant define itself as a faith-based organization? Yes No

10) History of the organization:

11) Prior experience with federal programs:

12) Does the subrecipient have new personnel/staff (change in management or change in more than 33 percent of the staff) administering the program/project? If yes, please explain the changes.

13) Does the subrecipient have new systems (financial, record keeping, etc.) within the last two years? If yes, please explain the changes.

14) OMB Circular A-133 requires nonfederal entities that expend \$750,000 or more in a year in federal awards shall have a single or program-specific audit conducted for that year in accordance with OMB Circular A-133. Was the applicant required to have a single audit in the prior three years? Yes No . If the applicant met the single audit threshold in the last three years or will meet the threshold as a result of this program/activity, the applicant must attach or provide upon completion a copy of the audit results.

15) By checking the box below, the applicant acknowledges that requesting federal funding through the City of Sioux Falls will require compliance with all applicable federal rules and regulations including but not limited to the following: Accessibility (Design and Construction), Environmental Review, Fair Housing, Historic Preservation, Labor Standards (Davis-Bacon and Related Acts), Lead-Based Paint, Property Standards, Relocation, and Site Reviews. Applicant acknowledgment

THIS COMPLETES THE APPLICANT INFORMATION.

PLEASE PROCEED TO ONE OF THE FOLLOWING SECTIONS:

SECTION A: PUBLIC SERVICE ACTIVITIES (PAGE 6)

SECTION B: PUBLIC FACILITIES AND IMPROVEMENTS (PAGE 11)

SECTION C: RENOVATION/ACQUISITION OF EXISTING HOUSING (PAGE 16)

SECTION D: NEW HOUSING CONSTRUCTION (PAGE 22)

SECTION A: PUBLIC SERVICE ACTIVITIES

1) Describe in detail your proposed program/activity.

2) What are the anticipated start and completion dates of the activity?

—Start

—Completion

3) Check the box that most accurately describes the program/activity.

- New program/activity.
- Existing program/activity where the number of those served will not increase.
- Expansion of an existing program/activity where additional persons will be served.
- Other, please describe:

4) How many individuals will be served in the 12-month period for which funding is being requested?

5) If this is an existing program/activity, how many individuals were served in the previous calendar year (January to December)?

(Please provide breakdown by ethnicity and race.)

Ethnicity	Race
Hispanic or Latino	American Indian or Alaska Native
Not Hispanic or Latino	Asian
	Black or African American
	Native Hawaiian or Other Pacific Islander
	White
	American Indian or Alaska Native and White
	Asian and White
	Black or African American and White
	American Indian or Alaska Native and Black or African American
	Other

6) Check the one box that most accurately describes the eligibility of the program/activity. **Check only a, b, or c.**

- a) The program/activity will have income eligibility requirements to **primarily serve** low- and moderate-income beneficiaries. Check any income levels that apply.
 - at or below 30 percent of the area median income (AMI)
 - at or below 50 percent AMI
 - at or below 60 percent AMI
 - at or below 80 percent AMI
 - over 80 percent AMI (Ineligible activity if most beneficiaries are over 80 percent AMI)
- b) The program/activity will be open to **all** persons regardless of income. Is there a recognized boundary for the area served, such as census tracts, block groups, neighborhoods, street boundaries, etc.? Yes No
(If yes, please describe boundaries.)

- c) The program/activity will **primarily serve** one of the following groups. (Category selected must be consistent with the mission of the organization as evidenced by the Bylaws and/or Articles of Incorporation.) **Check only one box.**
 - Abused/neglected children
 - Elderly person
 - Battered spouses
 - Persons with AIDS/HIV
 - Homeless persons
 - Persons with disabilities
 - Illiterate persons
 - Migrant farmworkers

7) Will information on family size and income of the beneficiaries be obtained and verified by your organization? Yes No

8) Will a fee be charged for services? Yes No (If yes, attach a copy of the fee schedule.)

9) Provide a cost breakdown of the program/activity.

	DESCRIPTION	DOLLAR AMOUNT
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL ESTIMATED COST FOR THIS PROGRAM/ACTIVITY		\$

10) List and identify by name all funding sources for this program/activity.

DESCRIPTION	DOLLAR AMOUNT
	\$
	\$
	\$
	\$
	\$
CDBG/HOME/General Fund requested for this program/activity	\$
TOTAL OF ALL FUNDING SOURCES (Must equal #9 above.)	\$

11) Are all other funds identified for this activity available and/or committed? Yes No (If no, please identify which funds are not, and when they will be.)

12) What percent of the applicant's overall annual budget does this funding request represent?

13) What will be the status of your program/activity if you do not receive this CDBG/HOME/general fund request, or if you do not receive the full amount requested?

14) Is funding available for cost overruns? Yes No (If yes, please describe the source and how much is available. If no, how will cost overruns be handled?)

15) Provide a description of how the program/project addresses a previously identified Housing Division goal, aligns to One Sioux Falls framework (see page 2) or otherwise describe the priority need being addressed.

16) Innovation has been identified as a core value for the City of Sioux Falls. Describe how the proposed program/project takes an innovative approach to addressing the stated need.

17) Describe how the success of the program/project will be measured and the timeframe in which those key metrics will be reviewed. Discussion should focus on the impact and outcomes achieved, as opposed to the outputs (or milestones).

THIS COMPLETES SECTION A.
GO TO THE CERTIFICATION ON PAGE 27.

SECTION B: PUBLIC FACILITIES AND IMPROVEMENTS

1) Describe in detail your proposed activity.

2) Is the facility owned by the applicant? Yes No . (If no, please provide the name and address of the owner and provide a copy of the lease agreement.)

Owner's Name:

Address:

3) How many individuals will be served by the activity in the 12-month period for which funding is being requested?

4) If this is an existing public facility or improvement, how many individuals were served in the previous calendar year (January to December)?

(Please provide breakdown by ethnicity and race.)

Ethnicity	Race
Hispanic or Latino	American Indian or Alaska Native
Not Hispanic or Latino	Asian
	Black or African American
	Native Hawaiian or Other Pacific Islander
	White
	American Indian or Alaska Native and White
	Asian and White
	Black or African American and White
	American Indian or Alaska Native and Black or African American
	Other

- 5) All projects must include projected timelines as identified below. Projects that do not proceed or meet completion/expenditure timelines may be canceled with the remaining funding being reallocated by the Housing Division to other eligible programs, projects, or activities.

Insert dates

<ul style="list-style-type: none"> —Receipt of all funding commitments identified for this project —Acquisition (if applicable) —Plans/specifications prepared —Solicitation of bids —Bid award —Start of construction —Completion date
--

- 6) Check the one box that most accurately describes the eligibility of the activity.

- New public facility or improvement
- Existing facility or improvement where the number of beneficiaries will not increase
- Expansion of a facility or improvement that will permit additional persons to be served
- Other, please describe:

- 7) Check the one box that most accurately describes the eligibility of the program/activity. **Check only a, b, or c.**

- a) The program/activity will have income eligibility requirements to **primarily serve** low- and moderate-income beneficiaries. Check any income levels that apply.
- at or below 30 percent of the area median income (AMI)
 - at or below 50 percent AMI
 - at or below 60 percent AMI
 - at or below 80 percent AMI
 - over 80 percent AMI (Ineligible activity if most beneficiaries are over 80 percent AMI)

- b) The program/activity will be open to **all** persons regardless of income. Is there a recognized boundary for the area served, such as census tracts, block groups, neighborhoods, street boundaries, etc.? Yes No
(If yes, please describe boundaries)

- c) The program/activity will **primarily serve** one of the following groups. (Category selected must be consistent with the mission of the organization as evidenced by the Bylaws and/or Articles of Incorporation.) **Check only one box.**

- | | |
|--|--|
| <input type="checkbox"/> Abused/neglected children | <input type="checkbox"/> Homeless persons |
| <input type="checkbox"/> Elderly person | <input type="checkbox"/> Persons with disabilities |
| <input type="checkbox"/> Battered spouses | <input type="checkbox"/> Illiterate persons |
| <input type="checkbox"/> Persons with AIDS/HIV | <input type="checkbox"/> Migrant farmworkers |

- 8) Will information on family size and income of the beneficiaries be obtained and verified by your organization? Yes No
- 9) Will a fee be charged to use the facility/improvement? Yes No (If yes, attach a copy of the fee schedule.)

10) Provide a cost breakdown for the project. (Davis-Bacon wage rates will likely apply.)

DESCRIPTION	DOLLAR AMOUNT
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL ESTIMATED COST OF THIS ACTIVITY	\$

Cost estimates and specifications must be prepared by qualified engineers/architects.

Cost estimate supplied by:

Name: _____
 Title: _____
 Address: _____

11) List and identify by name all funding sources for this program/activity.

DESCRIPTION	DOLLAR AMOUNT
	\$
	\$
	\$
	\$
	\$
CDBG/HOME/General Fund requested for this program/activity	\$
TOTAL OF ALL FUNDING SOURCES (Must equal #10 above)	\$

12) Are all other funds identified for this project available and/or committed? Yes No . (If no, please identify which funds are not and when they will be.)

13) What percent of the applicant's overall annual budget does this funding request represent?

14) What will be the status of your program/activity if you do not receive this CDBG/HOME/general fund request, or if you do not receive the full amount requested?

15) Is funding available for cost overruns? Yes No (If yes, please describe the source and how much is available. If no, how will cost overruns be handled?)

16) Are repair and replacement reserves included in the operating budget? Yes No (If yes, how much is budgeted annually? If no, how will repairs and needed capital improvements be funded?)

17) If the project involves acquisition or expansion of an existing public facility or improvement, is the property zoned properly? Yes No

18) If the project involves a new or an expansion of an existing public facility or improvement, please include information on the operating budget and include all identified resources.

19) Provide a description of how the program/project addresses a previously identified Housing Division goal, aligns to One Sioux Falls framework (see page 2) or otherwise describe the priority need being addressed.

20) Innovation has been identified as a core value for the City of Sioux Falls. Describe how the proposed program/project takes an innovative approach to addressing the stated need.

21) Describe how success of the program/project will be measured and the timeframe in which those key metrics will be reviewed. Discussion should focus on the impact and outcomes achieved, as opposed to the outputs (or milestones).

THIS COMPLETES SECTION B.
GO TO THE CERTIFICATION ON PAGE 27.

SECTION C: RENOVATION/ACQUISITION OF EXISTING HOUSING

1) Property address:

2) Legal description of property:

3) Do you currently own the property? Yes No If you do not own the property, do you have an agreement to purchase? Yes No (If yes, please attach a copy. If you do not own the property, list the name and address of the owner(s).)

4) If there are any structures on the property, were they constructed prior to 1978? Yes No (Any recipient of CDBG or HOME funding must comply with federal regulation **24 CFR Part 35 Subpart J**, pertaining to lead hazard reduction on all residential properties constructed prior to January 1, 1978. After completion of any rehabilitation disturbing lead-based paint hazards, the work site must pass a clearance inspection in accordance with **24 CFR 35.1340**).

5) Assessed or appraised value of the property:

6) How many existing units are in the project?

7) How many units will be in the project upon completion?

8) Will there be temporary or permanent displacement during renovations? Yes No (If yes, please describe.)

9) How many units will be made exclusively to households within the following categories?

at or below 30 percent of the area median income (AMI) at or below 50 percent AMI at or below 60 percent AMI at or below 80 percent AMI above 80 percent AMI
--

- 10) All projects must include projected timelines as identified below. Projects that do not proceed or meet completion/expenditure timelines may be canceled with the remaining funding being reallocated by the Housing Division to other eligible programs, projects, or activities.

Insert dates

<ul style="list-style-type: none"> —Receipt of all funding commitments identified for this project —Acquisition (if applicable) —Risk Assessment (if applicable) —Plans/specifications prepared —Solicitation of bids —Bid award —Start of construction —Completion date
--

- 11) Describe the proposed renovations.

- 12) Attach a site plan and a floor plan of the property showing the existing units as well as the proposed changes.
- 13) Attach a 15-year operating income and expense projection for the project and rate of return on investment. List the different rents for the different income levels served.
- 14) Attach a separate sheet to include the following information for each unit. **This information will also be required upon project completion.**
- Unit number.
 - Unit size (number of bedrooms).
 - Unit occupancy (vacant or occupied).
 - Household income in relation to area median income.
 - Number of people in the household.
 - Race and ethnicity of the head of household.
 - Household characteristics (elderly, female-head of household, disability, etc.).
 - Total existing monthly rent (including utilities).
 - Proposed monthly rent (including utilities) after renovations.
 - Identification of utilities included in rent and utilities to be paid by tenant.
 - Type of rental assistance, if applicable (Section 8 voucher, other assistance, no assistance).

15) Provide a cost breakdown for this project. (Davis-Bacon wage rates will apply to CDBG construction projects with more than eight units and to HOME construction projects with more than 11 units.)

DESCRIPTION	DOLLAR AMOUNT
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL ESTIMATED COST OF THIS ACTIVITY	\$

Cost estimates and specifications must be prepared by qualified engineers/architects.

Cost estimate supplied by:

Name: _____
 Title: _____
 Address: _____

16) List and identify by name all funding sources for this program/activity.

DESCRIPTION	DOLLAR AMOUNT
	\$
	\$
	\$
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	\$
CDBG/HOME/General Fund requested for this program/activity	\$
TOTAL OF ALL FUNDING SOURCES (Must equal #15 above)	\$

17) Are all other funds identified for this project available and/or committed? Yes No (If no, please identify which funds are not and when they will be.)

18) What percent of the applicant's overall annual budget does this funding request represent?

19) What will be the status of your program/activity if you do not receive this CDBG/HOME/general fund request, or if you do not receive the full amount requested?

20) Is funding available for cost overruns? Yes No (If yes, please describe the source and how much is available. If no, how will cost overruns be handled?)

21) Provide a description of how the program/project addresses a previously identified Housing Division goal, aligns to One Sioux Falls framework (see page 2) or otherwise describe the Housing Division priority need being addressed.

22) Innovation has been identified as a core value for the City of Sioux Falls. Describe how the proposed program/project takes an innovative approach to addressing the stated need.

23) Describe how success of the program/project will be measured and the timeframe in which those key metrics will be reviewed. Discussion should focus on the impact and outcomes achieved, as opposed to the outputs (or milestones).

24) Each applicant requesting HOME funds for a housing development (all housing except homebuyer down payment assistance and owner-occupied rehabilitation) will be required to submit a third-party local housing needs assessment and complete market analysis by December 1, 2022 to confirm need, feasibility and viability of the proposed housing development. Applicant acknowledgement

**THIS COMPLETES SECTION C.
GO TO THE CERTIFICATION ON PAGE 27.**

SECTION D: NEW HOUSING CONSTRUCTION

1) Property address:

2) Legal description of property:

3) Do you currently own the property? Yes No If you do not own the property, do you have an agreement to purchase? Yes No If yes, please attach a copy. If you do not own the property, list the name and address of the owner(s).

4) Assessed or appraised value of the property:

5) How many units will be in the project upon completion?

6) How many units will be made exclusively to households within the following categories?

at or below 30 percent of the area median income (AMI) at or below 50 percent AMI at or below 60 percent AMI at or below 80 percent AMI above 80 percent AMI
--

7) All projects must include projected timelines as identified below. Projects that do not proceed or meet completion/expenditure timelines may be canceled with the remaining funding being reallocated by the Housing Division to other eligible programs, projects, or activities.

Insert dates

<ul style="list-style-type: none"> —Receipt of all funding commitments identified for this project —Acquisition (if applicable) —Plans/specifications prepared —Solicitation of bids —Bid award —Start of construction —Completion date
--

8) Describe the proposed project.

9) Attach a proposed site plan and floor plan of the property.

10) Attach a 15-year operating income and expense projection for the project and rate of return on investment.

11) Attach a separate sheet to include the following information for each unit.

- Proposed monthly rent/sales price of each unit.
- Occupancy restrictions for each unit (household income in relation to the area median income).
- Project characteristics (i.e., congregate care for the elderly, etc.).
- Identification of utilities included in rent and utilities to be paid by tenant.

This following information will be required upon project completion.

- Unit number.
- Unit size (number of bedrooms).
- Unit occupancy (vacant or occupied).
- Household income in relation to area median income.
- Number of people in the household.
- Race and ethnicity of the head of household.
- Household characteristics (elderly, female-head of household, disability, etc.).
- Total existing monthly rent (including utilities).
- Proposed monthly rent (including utilities) after renovations.
- Identification of utilities included in rent and utilities to be paid by tenant.
- Type of rental assistance, if applicable (Section 8 certificate or voucher, other assistance, no assistance).

12) Provide a cost breakdown for this project. (Davis-Bacon wage rates will apply to CDBG construction projects with more than eight units and to HOME construction projects with more than 11 units.)

DESCRIPTION	DOLLAR AMOUNT
	\$ \$ \$ \$ \$ \$ \$ \$
TOTAL ESTIMATED COST OF THIS ACTIVITY	\$

Cost estimates and specifications must be prepared by qualified engineers/architects.

Cost estimate supplied by:

Name: _____

Title: _____

Address: _____

13) List and identify by name all funding sources for this program/activity.

DESCRIPTION	DOLLAR AMOUNT
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
CDBG/HOME/General Fund requested for this program/activity	\$
TOTAL OF ALL FUNDING SOURCES (Must equal #12 above)	\$

14) Are all other funds identified for this project available and/or committed? Yes No (If no, please identify which funds are not and when they will be.)

15) What percent of the applicant's overall annual budget does this funding request represent?

16) What will be the status of your program/activity if you do not receive this CDBG/HOME/general fund request, or if you do not receive the full amount requested?

17) Is funding available for cost overruns? Yes No (If yes, please describe the source and how much is available. If no, how will cost overruns be handled?)

18) Provide a description of how the program/project addresses a previously identified Housing Division priority, aligns to One Sioux Falls framework (see page 2), or otherwise describe the priority need being addressed.

19) Innovation has been identified as a core value for the City of Sioux Falls. Describe how the proposed program/project takes an innovative approach to addressing the stated need.

20) Describe how success of the program/project will be measured and the timeframe in which those key metrics will be reviewed. Discussion should focus on the impact and outcomes achieved, as opposed to the outputs (or milestones).

21) Each applicant requesting HOME funds for a housing development (all housing except homebuyer down payment assistance and owner-occupied rehabilitation) will be required to submit a third-party local housing needs assessment and complete market analysis by December 1, 2022 to confirm need, feasibility and viability of the proposed housing development. Applicant acknowledgement

**THIS COMPLETES SECTION D.
GO TO THE CERTIFICATION ON PAGE 27.**

CERTIFICATION

Warning: If you knowingly make a false statement on this form, you may be subject to civil penalties under Section 1001 of Title 18 of United States Code. In addition, any person who knowingly and materially violates any required disclosures of information is subject to civil penalty not to exceed \$10,000 for each offense.

I certify that I have read and understand all the instructions related to this application and the information provided is true and correct.

_____/_____
Signature of Director/Owner Date

_____/_____
Signature of Board President Date

Certification must be signed by any and all owners.

_____/_____
Signature of Owner Date

_____/_____
Signature of Owner Date

_____/_____
Signature of Owner Date

_____/_____
Signature of Owner Date

_____/_____
Signature of Owner Date

_____/_____
Signature of Owner Date

IMPORTANT

- ✓ **Return the original application to the Housing Division by May 27, 2022.**
- ✓ **Applicants must provide a copy of the agency’s Bylaws and/or Articles of Incorporation.**
- ✓ **Nonprofit organizations must include an audited financial statement with their application.**
- ✓ **Each applicant requesting HOME funds for a housing development must submit a third-party local housing needs assessment and complete market analysis with this application by December 1, 2022.**