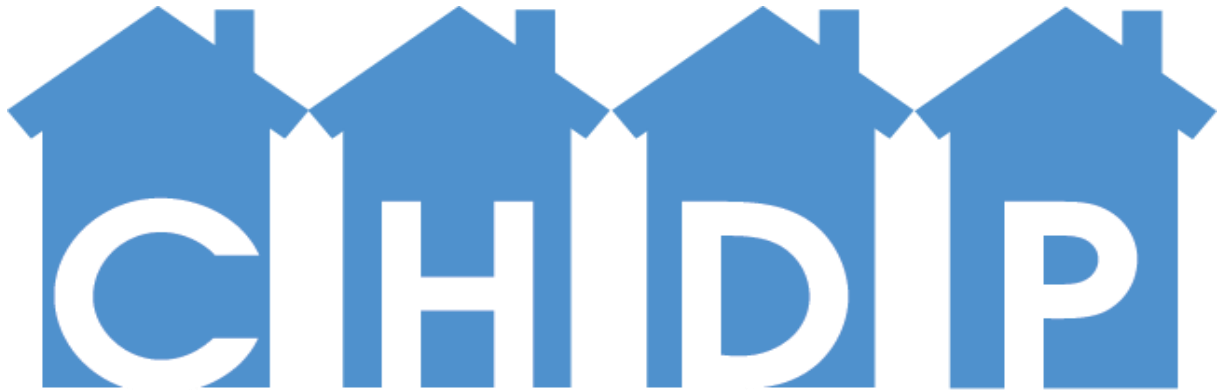


Community Housing Development Housing Infrastructure Program



APPLICATION FORM
October 2020



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**SOUTH DAKOTA HOUSING DEVELOPMENT AUTHORITY
COMMUNITY HOUSING DEVELOPMENT
HOUSING INFRASTRUCTURE PROGRAM
(CHDP) APPLICATION**

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EXHIBITS

- A. Development Team Experience
- B. Housing Information
- C. Application Submission Checklist



Alternative formats of this document are available to persons with disabilities upon request.

For information regarding Section 504 Accessibility, contact the South Dakota Housing Development Authority 504 Coordinator, Andy Fuhrman, at 1-800-540-4241.

**SOUTH DAKOTA HOUSING DEVELOPMENT AUTHORITY (SDHDA)
COMMUNITY HOUSING DEVELOPMENT
HOUSING INFRASTRUCTURE PROGRAM
APPLICATION**

Unless otherwise specified, the applicant must complete **ALL** applicable parts of the application form **FULLY** and include **ALL** documents and supplementary materials required.

I. GENERAL PROJECT

- A. Project Name: _____
Site Address(es): _____
City: _____ County: _____ Zip Code: _____
- B. Amount of CHDP funding Requested: \$ _____ (\$2,000,000 maximum)
- C. Type of Project: _____ Single family homeownership
_____ Single family rental
_____ Multifamily

II. APPLICANT AND OWNER

- A. Applicant: _____
Applicant Federal Taxpayer ID No. _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Contact Person: _____
Phone No. _____ Fax No. _____
E-Mail Address: _____
- B. Contact Person During Application Process:
Contact Person: _____
Company: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone No. _____ Fax No. _____
E-Mail Address: _____

C. Type of Applicant
 General Partnership Limited Partnership Limited Liability Co
 Corporation Individual Non-Profit Corporation
 Local Government Housing Authority Other (specify) _____

D. Principal(s) involved (e.g., general partners, controlling shareholders, etc.)
Name(s) Phone Type of Ownership % Ownership

Principals' Resume Attached? YES NO
 Principals' Financials Attached? YES NO

E. Legal Status of Owner
 _____ Incorporated _____ Registered _____ Chartered

F. Non-profit Status of Owner
 _____ 501(c)(3) _____ 501(c)(4) _____ 501(a) Exemption

G. Property Owner (if different than Applicant) _____
 Owner Federal Taxpayer ID No. _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Contact Person: _____
 Phone No. _____ Fax No. _____
 E-Mail Address: _____

H. If the Applicant is not the Project Owner, briefly describe the partnership

I. Type of Owner
 General Partnership Limited Partnership Limited Liability Co
 Corporation Individual Non-Profit Corporation
 Local Government Housing Authority Other (specify) _____

J. Owner's principal(s) involved (e.g., general partners, controlling shareholders, etc.)
Name(s) Phone Type of Ownership % Ownership

Principals' Resume Attached? _____ YES _____ NO
 Principals' Financials Attached? _____ YES _____ NO

K. Legal Status of Owner

_____ Incorporated _____ Registered _____ Chartered

L. Non-profit Status of Owner

_____ 501(c)(3) _____ 501(c)(4) _____ 501(a) Exemption

M. Have you or other principals previously developed housing in South Dakota? If yes please list the project(s) below, please attach additional sheets if necessary. No _____ Yes _____

Project Name and Location	List of Principal(s) Ownership Entity	Year Placed in Service
_____	_____	_____
_____	_____	_____
_____	_____	_____

III. PROJECT CHARACTERISTICS

A. Building Information

- Total number of buildings in the project _____
- Total number of units in the project _____
- Number of units by bedroom type.
 0 Bdr _____ 1 Bdr _____ 2 Bdr _____ 3 Bdr _____ 4 Bdr _____
- No. of Section 504 accessible units for the mobility impaired _____ and sensory impaired _____.
- No. of employee-occupied or owner-occupied units _____.
- No. of Parking Spaces (Including Garages) _____; No. of Garages _____.

B. Project Type (End Use)

_____ Multifamily Housing _____ Congregate Care Facility
 _____ Housing for Older Persons (55 or Older) _____ Assisted Living Facility
 _____ Housing for Older Persons (62 or Older)
 _____ Other (Explain) _____

C. Type of Units

_____ Apartments _____ Townhomes _____ Single Family _____ Other

IV. SITE INFORMATION

A. Applicant/Owner controls site by (select one and attach document):

_____ Deed - attached _____ Option - attached (expiration date _____)
_____ Purchase Contract - attached _____ Long term Lease - attached
(expiration date _____) (expiration date _____)

B. Name of seller (if applicable): _____
Address: _____
City: _____ State: _____ Zip: _____

C. Is the property located and administered within the city limits? _____ Yes _____ No

D. Is site properly zoned? _____ Yes _____ No **If yes, include evidence of proper zoning.**
If no, is site currently in the zoning process? _____ Yes _____ No
Provide details (including the date to be resolved): _____

E. Are all utilities presently available to the site? _____ Yes _____ No
If yes, include evidence of utility availability. If no, provide explanation, including dates, when all utilities will be available. _____

F. Has locality approved site plan? _____ Yes _____ No **Include site plan approved by locality**

G. Has locality issued building permit? _____ Yes _____ No **Include building permit or documentation of status of approval.**

H. Attached are the Architectural Plans and Specifications: _____ % complete.

I. Are there any environmental issues related to the property? _____ Yes _____ No
If yes, describe: _____

J. Legal description of the property that identifies it as the site in the site control document:

K. Provide a location map, showing location of the site relative to the surrounding area. Provide photographs of the site(s) and/or building(s). Immediately adjacent land uses:

1. North: _____
2. South: _____
3. East: _____
4. West: _____

V. PROJECT FINANCING (SOURCES OF FUNDS)

Financing

List all sources of funds, including grants and equity, and provide documentation of same.

No.	Name of Lender or Other Source	Amount of Funds	Interest Rate	Term	Construction or Permanent?
1.		\$	%		
2.			%		
3.			%		
	Total Funds	\$			

(Please include commercial space on a separate sheet.)

Make copies of this page and complete the following for each lender or source of funds.

1. Name of Lender/Source _____
 Address _____
 City _____ State _____ Zip Code _____ Phone _____

Type:	___ Amortizing Loan	___ Grant	___ Deferred Loan	___ Forgivable Loan
	___ Balloon	___ Owner Equity	___ Other (Specify) _____	

2. Name of Lender/Source _____
 Address _____
 City _____ State _____ Zip Code _____ Phone _____

Type:	___ Amortizing Loan	___ Grant	___ Deferred Loan	___ Forgivable Loan
	___ Balloon	___ Owner Equity	___ Other (Specify) _____	

3. Name of Lender/Source _____
 Address _____
 City _____ State _____ Zip Code _____ Phone _____

Type:	___ Amortizing Loan	___ Grant	___ Deferred Loan	___ Forgivable Loan
	___ Balloon	___ Owner Equity	___ Other (Specify) _____	

VI. PROJECT COSTS AND USES

List all project costs (**Specify what all "other" costs are**)

Itemized Costs	Actual Costs
LAND AND BUILDINGS	
Acquisition	
Demolition	
Site Improvements	
New Construction	
Rehabilitation	
General Requirements (max 6% hard costs)	
Contractor Profit (max 6% hard costs)	
Contractor Overhead (max 2% hard costs)	
Excise Taxes	
Building Fees & Permits	
Construction Contingency	
Other (Specify)	
1. SUBTOTAL	
PROFESSIONAL FEES	
Architect Fee	
Attorney Fee	
Real Estate Agent	
Engineer / Survey	
Physical Needs Assessment	
CPA – Cost Certification	
Property Appraisal	
Market Study	
Environmental Reports	
Other (Specify)	
2. SUBTOTAL	
FINANCING	
Payment / Performance Bond	
Construction Insurance	
Construction Interest	
Origination Fee	
Title and Recording	
Credit Report	
Other (Specify)	
3. SUBTOTAL	
OTHER COSTS AND FEES	
Developer Fee	
Consultant Fee	
Reserve Amounts	
Other (Specify)	
4. SUBTOTAL	
TOTALS	

IF PROJECT CONTAINS COMMERCIAL USE SPACE, PLEASE PROVIDE BREAKDOWN OF COMMERCIAL COSTS ON SEPARATE SHEET.

VII. PROJECT TIMETABLE

Indicate the actual or expected date by which the following activities will have been completed. In providing this schedule, be sure to take into consideration the requirement that the project should start construction or rehabilitation within 6 months of the date of SDHDA Board of Commissioners approval.

Actual or Scheduled Month/Year	Activity
_____	<u>Site</u>
_____	Acquisition
_____	Zoning / Plat Approval
_____	Local Permits
_____	Site Plan Review
_____	Building Permit
_____	Other (specify) _____
_____	<u>Other</u>
_____	Final Plans/Specs
_____	Construction Start
_____	Construction Completion
_____	Placed in Service
_____	Occupancy of all Units

VIII. APPLICATION FEE

Application Fee
Issuance Fee

1/8% of requested amount
7/8% of approved loan amount.(due at closing)

IX. APPLICANT CERTIFICATION

The undersigned hereby acknowledges the following:

1. That this application form and all Exhibits, provided by SDHDA to applicants for CHDP funds, including all sections herein relative to project costs, operating costs, and determinations of the amount of CHDP funds necessary to make the project financially feasible, is provided only for the convenience of SDHDA in reviewing applications; that completion hereof in no way guarantees eligibility for the CHDP funds; and that any notations herein describing the CHDP requirements are offered only as general guides and not as legal authority;
2. that the undersigned is responsible for ensuring that the proposed project will, in all respects, satisfy all applicable requirements of the CHDP Program and any other requirements imposed upon it by SDHDA at the time of conditional commitment, should one be issued;
3. that SDHDA may request or require changes in the information submitted herewith, and may substitute actual figures for any estimated figures provided therein by the undersigned and may conditionally commit CHDP funds, if any, in an amount different from the amount requested;
4. that conditional commitments are not transferable without prior approval by SDHDA;
5. that the requirements for applying for the CHDP funds and the terms of any conditional commitment thereof is subject to change at any time by federal or state law, federal, state, or SDHDA regulation, or other binding authority; and
6. that conditional commitments will be subject to certain conditions to be satisfied prior to loan closing.

Further, the undersigned hereby certifies the following:

1. The Applicant shall not, in the provision of services, or in any other manner, discriminate against any person on the basis of race, color, creed, religion, sex, national origin, age, familial status or handicap; and
2. that, to the best of its knowledge and belief, all factual information provided herein or in connection herewith is true and correct and all estimates are reasonable and can be obtained from any source named herein; and
3. that it will at all times indemnify and hold harmless SDHDA against all losses, costs, damages, expenses, and liabilities of any nature or indirectly resulting from, arising out of or relating to SDHDA's acceptance, consideration, approval, or disapproval of this request and the issuance or nonissuance of CHDP funds in connection herewith; and
4. that it provides SDHDA the right to exchange information with other state and local agencies and with other parties as deemed appropriate by SDHDA.

IN WITNESS WHEREOF, the undersigned, being duly authorized, has caused this document to be executed in its name on this ___ day of _____, 20 ____.

I declare and affirm under the penalties of perjury that the claim (petition, application, information) has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Legal Name of Applicant

Signature

Title

Date

**EXHIBIT A
DEVELOPMENT TEAM EXPERIENCE**

PROJECT NAME: _____

Site Address: _____

City: _____ State: _____ Zip Code: _____

1. NAME OF CONTRACTOR: _____

Entity Type: _____ Federal Tax Identification No. _____

Mailing Address: _____ State: _____ Zip Code: _____

Phone No. _____ Fax No. _____

Contact Person: _____ E-Mail: _____

2. NAME OF CONSULTANT: _____

Entity Type: _____ Federal Tax Identification No. _____

Mailing Address: _____ State: _____ Zip Code: _____

Phone No. _____ Fax No. _____

Contact Person: _____ E-Mail: _____

3. NAME OF ARCHITECT: _____

Entity Type: _____ Federal Tax Identification No. _____

Mailing Address: _____ State: _____ Zip Code: _____

Phone No. _____ Fax No. _____

Contact Person: _____ E-Mail: _____

4. NAME OF REAL ESTATE AGENT: _____

Entity Type: _____ Federal Tax Identification No. _____

Mailing Address: _____ State: _____ Zip Code: _____

Phone No. _____ Fax No. _____

Contact Person: _____ E-Mail: _____

**EXHIBIT B
HOUSING INFORMATION**

Provide a narrative discussing the project including how it addresses the housing needs, describe the site, property, and proposed amenities.

RENTAL HOUSING

Complete the following information if you are proposing to provide multifamily rental housing:

Makeup and targeting of Proposed Project:

Rental	0 BR	1 BR	2 BR	3 BR	4 BR
Total number of units by BR size	_____	_____	_____	_____	_____
Number of low income targeted units	_____	_____	_____	_____	_____
Number of proposed market rate units	_____	_____	_____	_____	_____
Proposed rents for low income units	_____	_____	_____	_____	_____
Proposed rents for market rate units	_____	_____	_____	_____	_____
Proposed utility allowance	_____	_____	_____	_____	_____

SINGLE FAMILY HOUSING

Complete the following information if you are proposing to provide lots or homes for single family owner-occupied housing:

Number of residential building permits in last 2 years _____
 Number of homes on the market _____
 Number of vacant homes in community _____
 Price range of homes on the market _____ to _____

Makeup and targeting of Proposed Site Development Project:

Square footage of lots	_____	_____	_____	_____	_____
Total number of lots by size	_____	_____	_____	_____	_____
Number of low income targeted lots	_____	_____	_____	_____	_____
Number of proposed market rate lots	_____	_____	_____	_____	_____
Proposed price for low income lots	_____	_____	_____	_____	_____
Proposed price for market rate lots	_____	_____	_____	_____	_____

Based on a mill levy of _____ the local Real Estate Taxes estimated by the local county assessor for this proposed project is \$_____.

**EXHIBIT C
APPLICATION SUBMISSION CHECKLIST**

The following items, as applicable, must be submitted with the completed Application form to ensure a complete application is received by SDHDA.

Submission Item	Enclosed
1. Completed and signed Application form	_____
2. Housing Market Study/Documentation of Need (including Ex. B)	_____
3. Project Narrative	_____
4. Pro forma through term of loan	_____
5. Site Control	_____
6. Site map and photographs of surrounding area	_____
7. Architectural drawings – site, floor and unit plans (if applicable)	_____
8. Zoning letter and project plat	_____
9. Recent Corporate /Personal financials for each principal	_____
10. Ownership/Organization documentation	_____
11. Documentation of financing (if applicable)	_____
12. Evidence of availability of utilities	_____
13. Evidence of Tax Increment Financing approval	_____
14. Marketing Plan and timeline	_____
15. Application fee of one eighth of one percent (.125%) of loan amount	_____
16. Any other information requested by SDHDA	_____