

Racine Housing Authority - PBV Application

I. Owner Name and Contact Information

Applicant's Legal Name: _____

Common Name (if different)

Principal in charge

Address _____

City, State, Zip _____

Telephone _____

Email _____

II Point of Contact During Application Process (if different from above)

Name _____

Title _____

Telephone _____

Email _____

III Project Information

Project Name _____

Project Site Address _____

Total Number of units in the building _____

Total Number of PBV's Requested _____

Are any of the units occupied? _____

Requested term (from 1 year to 20 years) of PBV Contract _____

Is the proposed contract: _____ New Construction (not yet built) or _____ Existing Housing

Expected date the project units be available for lease? _____

Are there families currently living in the proposed units? _____yes _____no

What is the average estimated annual income of in-place residents? _____

Will the owner provide supportive services? _____yes _____no

If yes, what supportive services will be offered?

Will the PBV units be for elderly families? _____yes _____no

Breakdown of PBV's Requested and number of accessible units:

Number of Units	Unit Size	Number of Bathrooms	Mobility Accessible Unit (Y/N)	Hearing or Vision Accessible Unit (Y/N)

IV Proposed Utility Responsibility

List the utility responsibility (Owner/Tenant) and type of utility (gas, electric, oil, etc.)

Utility	Fuel Type	Paid By	Provided By
Heating			
Cooking			
Water Heating			
Other Electric			
Water			
Sewer			
Trash Collection			
Air Conditioning			

V Estimated Initial Rent to Owner

Indicate the proposed initial rent requested for the units.

Initial Year Gross Rents				
Bedroom Size	Number of Units	Contract Rent	Utility Allowance	Gross rents

VI Site Selection and Census Tract Information

Project Census Tract: _____

Poverty Rate: _____

Is the project located in a census tract with a poverty rate at or below 20%?

Yes _____ No _____

If the project is not located in a low poverty census tract (less than 20%) or a census tract with a poverty rate of less than 50%, please certify if the project qualifies by being located in a census tract that (check all that apply):

___ A census tract in which the proposed PBV development will be located in a HUD designated Enterprise Zone, Economic Community, or Renewal Community;

___ A census tract where the concentration of assisted units will be or has decreased as a result of public housing demolition and HOPE VI redevelopment;

___ A census tract in which the proposed PBV development will be located is undergoing significant revitalization as a result of state, local, or federal dollars invested in the area;

___ A census tract where new market rate units are being developed where such market rate units will positively impact the poverty rate in the area;

___ A census tract where there has been an overall decline in the poverty rate within the past five years;

___ A census tract where there are meaningful opportunities for educational and economic advancement.

Has this property received an award of Low-Income Housing Tax Credits (LIHTC)? _____

If yes, when was the LIHTC placed in service date? _____

VII Amenities at the property

Indoor:

- Ceiling Fans
- Furnished
- Fireplace
- Cable Included
- Security System

Laundry Type:

- W/D Hook-ups
- Washer
- Dryer
- Onsite Laundry
- Washer/Dryer

Kitchen:

- Dishwasher
- Stove
- Garbage Disposal
- Refrigerator
- Microwave

Outdoor:

- Swimming Pool
- Gated Community
- Fenced Yard
- Age Restricted

Parking:

- 1 Car Carport
- 2 Car Carport
- 1 car Garage
- 2 Car Garage
- Assigned
- Unassigned
- Driveway
- Street
- None

Maintenance:

- Pest Control Included
- Lawn Included
- Trash Included

VIII Owner Management Experience

Describe previous experience managing low-income projects include years of experience:

Please ensure the following documents are attached:

_____ Tenant Selection Plan

_____ Management Agreement, if applicable

_____ Certification of Participation in the Low-Income Housing Tax Credit Program, if applicable

_____ Financial statement (Proforma/Income and Expense Statement) for property's most recent operating year if rehabbed or existing housing

_____ Certification of Payments to Influence Federal Transactions (HUD Form 50071), see attached

_____ Applicant/Recipient Disclosure Update Report (HUD Form 2880), see attached

I certify that the information provided to the Housing Authority of Racine County is true and correct to the best of my knowledge.

Owner

Date