2024

HOME APPLICATION MANUAL

Iowa

Finance

Authority

INSTRUCTIONS

Users and Access

Username. All users must have own username. Username requests shall be submitted through the online Application by selecting "request one". Username and passwords must not be shared.

Granting Access. Each Applicant shall be responsible for granting and removing Application access to each user. The person who creates the Application shall be the "creator" and shall be responsible for granting and removing Application access to authorized users. IFA recommends that a regular review of users' access to each Application be completed by Applicants.

Overview

Application Tabs. Complete entry of each Application Tab, save, upload required exhibits to the threshold Application, and submit.

The red X on each Tab will change to a green check mark when all information is entered correctly and saved. Some Tabs will have a red X until each tab with corresponding requirements have been entered.

If a red X remains and no error message was received when "Submit" was selected, go back to the tab with the red X and save.

Prior to Application Submittal. Questions regarding an interpretation or clarification of the HOME policies/procedures/rules may be submitted to home@iowafinance.com .The questions and answers will be placed on the 2024 HOME Round webpage. Please do not contact a HOME staff directly,

Binding Obligations. The representations made in the Application shall bind the Applicant and shall become a contractual obligation of the Developer and the Ownership Entity and any Entity the Developer or the Ownership Entity is representing in the presentation of the Application or a successor in interest in the event HOME funds are awarded to a proposed Project. Information outside of the development of the housing units, will not be included in the contract unless it is essential to the funded project.

Complete Application*.* Complete Applications for HOME under the current funding round are required to be submitted through the online Application **by 4:00 p.m. C.S.T. on April 17, 2024**.

After Application Submittal. No Applicant shall contact any IFA staff or Board members, nor shall anyone contact staff or Board members on the Applicant's behalf, in order to unduly influence IFA's determination related to the review or award of HOME.

Threshold Deficiency Review Period. The Application, once submitted, shall be unavailable to the Applicant until such time that the Applicant needs to make a change per IFA's request during the Threshold Deficiency Review period. An email will notify the Applicant of the deficiencies for review and response. The Applicant shall respond in the Application, make corrections within the appropriate Application Tabs, if applicable, and submit the Application to IFA within the time allowed for the deficiency responses.

Changes to the Application shall not be allowed that maintain or improve the score received by an Applicant.

A change in funding sources, shall not be allowed during the threshold deficiency review period unless specifically requested by IFA.

The Developer fees may not be increased after submission of the threshold Application.

The deficiency review period is the one and only opportunity to respond to items in IFA's deficiency report.

Scoring. Scoring exhibits are due at threshold Application submission and cannot be provided during the deficiency period. IFA will award scoring points based on the evidence provided in the Application and exhibits. IFA designed the scoring to allow Applicants to propose Projects **that work best for their communities**, targeted market and development organizations, **not to garner maximum points**. IFA shall make the final determination of the Applicant's score. Scoring determinations made in prior years are not binding on IFA for the current funding round.

PROJECTS THAT DO NOT PASS THRESHOLD WILL NOT BE SCORED

Rental Application

GUIDANCE BY TAB (Be sure to **save each Tab before exiting** the Application)

GENERAL INFORMATION

This manual is a summary of the application, this is not an all-inclusive document.

PROJECT NAME & DESCRIPTION

Answer each question in this tab to describe the proposed project.

1. **Project Name.** Complete the name of the project. This project name will remain with your project throughout the affordability period.
2. **Project Type.** Rental: New Construction, Rehab, Acquisition/Rehab, or Acquisition/New Construction, from the dropdown box.
3. **Occupancy Type.** Select Family, 55 years, or 62 years from the dropdown box.
4. **Targeted Population.** Select N/A; Homeless persons, including homeless individuals, families, youth and/or veterans; persons with disabilities; persons with HIV/Aids; persons with substance abuse; transitional housing, and victims of domestic violence.
5. **Designated Units.** If any of the units going to be designated N/A, persons with HIV/Aids, persons with HIV/Aid that are chronically homeless, homeless persons and families, homeless persons and families that are chronically homeless from the dropdown box.
6. **Total project units.** Fill in the number of units in the project.
7. **Total project HOME units.** Fill in the number of HOME units (11 or less units).
8. **Type of HOME units.** Select fixed or floating from the dropdown box.
9. **Number of fully accessible units.** Fill in the number of fully accessible units (minimum 5% of HOME units, round up).
10. **Number of units for hearing/visually impaired.** Fill in the number of hearing/visually impaired units (minimum 2% of HOME units, round up).
11. **Historic Place.** Are all buildings within the project on the National Register of Historic Places or determined eligible for the National Register by the State Historic Preservation Office, choose yes or no.
12. Describe **Accessory building and area**. Describe the area where the project will be located. If there are any building located on the site, please describe and what will be done with those building because of the project.
13. **Describe commercial facilities.** Describe if there are any commercial facilities new or on the project site.
14. **Description of project**. Provide a description of the project.
15. **Freestanding structure.** HOME funding cannot be used for the rehabilitation or construction of freestanding structures, including detached garages and/or community centers. If these structures are included in your project, please describe what sources of funds will be used to rehab or construct these structures.
16. **Need**. Provide a description of the need for the project. This description needs to be specific about your project. How your project will answer the need for the local housing market. The information will provide IFA reviewers with details and make the project competitive with other projects competing for this round of HOME funds.
17. **Local Support.** Provide a description of the local support for your project. This should be specific on who is providing the support and how they have been involved with the development of the proposed project.

18. **Title Guarantee.** Will the Ownership Entity, at a minimum, obtain a Final Iowa Title Guaranty Certificate from IFA with an amount of coverage that is not less than the value of the land and pre-existing improvements, if any, combined with the total Hard Construction Costs of the Project, choose yes or no.

19. **Webinar.** Did a member of the applying entity attend or view the HOME Application webinar. **(Applicants are required to view the webinar. A recording will be posted on the HOME resources page)**

20. **Environmental Measures.** Will the project implement one or more of the following environmental measures: No Smoking Policy, Water Conserving Measures, and/or In-Unit Energy Efficient Water Heaters, choose yes or no.

21. **Location near Services.** Will the project be located near the following services: Full-service grocery store, Senior Center, Medical Services, Public Library, Park (city, state or local), Licensed day care center (family projects only), Pharmacy, Community College, Convenience Store, choose yes or no.

22. **Location near other Services.** Will the project be located near these other services: Public Transportation and/or Schools., choose yes or no.

SITE DESCRIPTION

Enter the information for the project site. Please add the legal description of the land. This is needed by IFA to complete documents if the project would be funded.

SITE CONTROL

Enter the information for the site control entity and if the owner has fee simple ownership and the date of that ownership. Please ensure that if a purchase agreement is needed for the site, that it is good from 9 months after the IFA Board makes 2024 awards.

ZONING

Enter the zoning information for the project. If the project is not zoned correctly, please provide a timeline for when the project will be zoned correctly. The project will be held to this timeline, so the project remains on the overall time schedule for the proposed project.

OWNERSHIP ENTITY

Company Name

Address

City

State

Zip

Phone

General Information

Entity Type

Is the Ownership Entity a non-profit?

UEI #

Tax Identification #

Is applicant seeking funds as a CHDO set aside?

Contact Person

First and Last Name

Address

City

State

Zip

Phone

Email (deficiencies will be sent to this address; ensure that this is a correct email address and that this person will be responsible for responding to the deficiency report).

PROJECT TEAM

Enter each team member that will be working on the development of the housing project. There should be adequate team members involved to ensure the success of the project. Ensure that a team member listed will have an active role in the proposed project. Indicate the length of partnership between team members. Each team member is valuable to the success of the project. Be sure to add the authorized signatory for the project. **(Only 1 person per team member type can be listed except for team member type "Other".)**

NEW DEVELOPER: A Developer that has never been allocated HOME ("New Developer") is eligible to receive one award of HOME in the 2024 round.

A new developer shall complete at least one HOME Project in which all HOME Units have been leased at least once and has provided IFA with a completion for the project, in Iowa, before being allowed to submit a subsequent Application. This includes being listed on any Application in any team member role.

CAPACITY

Answer each question in this tab to describe the capacity of each team member.

1. **Developer housing experience in the last five years.** Enter the date, existing project name, and city project is located.
2. **Ownership Entity/General Partner housing experience in the last five years.** Enter the date, existing project name and city project is located.
3. **Management Company housing experience in the last five years.** Enter the date, existing project name, and city project is located.
4. **List all other IFA Programs where an award or financing was received during the past 5 years for developer and ownership entity/general partner**.
5. **Have any of the Project Team members participated in a HOME project that failed to reach contractual project benchmarks**. Choose yes or no. Name the team member and explain if yes.
6. **Have any of the Project Team members participated in a housing project that received a federal, state, or local award or incentive where the project failed to reach completion**. Choose yes or no. If yes, name the team member and explain.
7. **Have any of the Project Team members worked on any housing project which has resulted in the initiation or completion of a foreclosure or sheriff's sale proceedings**. Choose yes or no.   If yes, name the team member and explain.
8. **Have the following Project Team members worked on any housing project/program where they had to repay or forfeit any funds awarded to a federal, state, or local program.** Choose yes or no. If yes, name the team member and explain.
9. **Have the following Project Team members worked on any housing project/program that currently has an outstanding noncompliance issue for a federal, state, or local program**. Choose yes or no. If yes, name the team member and explain.

10. **Have the following Project Team members experienced any turnover in key staff positions in the past two years**. Choose yes or no. If yes, name the team member and explain.

11. **Name the Project Team member who has completed a National Environmental Protection Act (NEPA) process for HUD. An experienced staff or consultant must be prepared to start the environmental immediately, once awards are made**. Provide name, title, company, number of years, and number of environmental ERRs completed.

12. **Does the Project Team represent capacity with developer experience, marketing experience, property management experience, NEPA experience, and contract management experience**? Choose yes or no. If yes, enter the experience under the applicable category found in the **"Staffing Experience For Proposed Project"** section. A competitive application should have Team Members who have had successful development of rental units including experience in developing, marketing, managing, environmental, and construction.

STAFFING EXPERIENCE FOR PROPOSED PROJECT

INSTRUCTIONS: Enter individual or company information in each area where there is staffing experience. Type of position held must fall into one of the following defined categories:

STAFF - Staff are full-time employees as defined by the IRS. This does not include Board members, volunteers, and consultants who do not have responsibility for day-to-day operations.

CONTRACT EMPLOYEES - Contract employees are those individuals who are paid but not entitled to receive benefits.

PARTNERS - Partners are those with a legally or contractually defined role in the control of the project decision making (e.g., tax credit investors, joint ventures, etc.)

OTHERS - Others are consultants, architects, marketing firms, etc.

DEVELOPER EXPERIENCE

Rental Projects 1-11 units; 12-48 units; 49-100 units; and/or 100+ units.

MARKETING EXPERIENCE

Advertising, sales/leasing

PROPERTY MANAGEMENT

Compliance (program regulations, building codes, and contractual responsibilities)

Property Management

Property Maintenance

Lease/tenant relations (including rent collection, re-leasing, termination, and other tenant-related issues)

Financial Management (bookkeeping, profit & losses, and balance sheets)

Capital Planning (focuses on long term capital replacement, planning, annual updates, and management of replacement reserves)

CONTRACT MANAGEMENT (Experience supervising/managing housing entities)

Design (engineer and architect)

Construction

Marketing

Environmental

Property Management

PROJECT TIMETABLE

If awarded funds, the project must be completed within 24 months of the executed contract.
Insert your dates into the project timetable. It is taking projects five to seven months to the environmental process completed. Please be prepared to start your environmental immediately to keep your project on schedule to be completed in 24 months.

BUILDINGS

General Building Information

Buildings. Go into the view screen.

Address Information: Enter the address and all other requested information for the project address.

Other Information: Enter new or acquired, number of stories, number of fully accessible units, number of hearing/visually impaired units, acquisition cost, rehabilitation cost, date building originally constructed, indicate who has control of property, input the date that the property ownership, include utilities that will be provided in rent, indicate building items, provide square footage, and provide any remarks about the building.

Complete the chart for the units; type of unit, number of bedrooms, number of bathrooms, net square foot, initial AMI, long term AMI, monthly rent, utility allowance, total housing expense, fair market rent, and HOME rent limit.

Determine whether the HOME units will be fixed or floating.

Units must be comparable in size by the bedroom count and square footage of individual units. Not all units with the same number of bedrooms are comparable in size. If there is a substantial difference in the square footage of two units with the same number of bedrooms the units are not considered comparable. All units entered with similar bedroom counts are within 20 square feet in area.

Comparability in amenities means similar fixtures, appliances, and other features. In many mixed-income projects, to demand varying rents, the quality and types of amenities may vary among units. For instance, a project manager can demand a higher rent for a unit with wall-to-wall carpeting, garbage disposal, dishwasher, and finer fixtures than for a unit without these amenities. This type of project does not typically have comparability of units unless there is an equal distribution of assisted and non-assisted units that have these amenities.

If the units are not comparable in size or amenities the units then must be fixed.

Enter the total hard cost of construction/rehab for HOME assisted units (not per unit)

Enter the total hard cost of construction/rehab for non-HOME assisted units (not per unit)

FUNDING SOURCES AND MATCH

Enter funding sources for the project. Provide the funding source type, name of entity providing the funding source, if source can be used for HOME match, the amount, commitment date of the match, rate, term, amortization.

NOTE: The maximum amount of HOME funds per project is $1,000,000. The maximum amount of HOME units is 11.

Rental HOME is a gap financing tool and 25% of the budget (for construction) must be from another financing source. The application cannot be submitted unless the project meets this requirement. IFA requires a 20-year term (new construction) with at least a 1% payment annually at 0% interest. Zero payments or cash flow loans will not be allowed. Fluctuating payments are ok to meet DSCR requirements.

NOTE: IF AN APPLICANT IS A CHDO, THERE ARE NO REQUIREMENT OF OTHER FUNDING SOURCES IN THE BUDGET. THE CHDO IS LIMITED TO 11 UNITS AT THE MAXIMUM PER CAP UNIT RELEASED BY HUD ANNUALLY.

BUDGET

Enter budget line items for the project. The first column is for other funding sources (non-HOME), the second column is for HOME eligible cost.

Rental Developer Fee (cannot exceed 15% of Site Work, Construction, and Soft Cost items) Rental Builder and General Contractor Fees

Rental Construction Contingency Fees (at least 5% but no more than 10% of Site Work and Construction items)

Soft Costs Contingency

Rental Vacancy Rate. Must be 8-10% for 12 or more total units & 8-15% for 1-11 total units.

Rental Income Inflation

Rental Expense Inflation Rate must be at least 1% higher than the Income Inflation Rate.)

Rental Operating Expenses**.** The minimum operating expense requirements set forth are provided and the Project's actual operating expenses (not including taxes and reserves) and the Operating Expenses per Unit per year are shown based upon entries made on the Projected Operating Costs Tab.

Rental Debt Coverage Ratio. The DSCR requirement between 1.15 -2.00 for entire compliance period. If it exceeds 2.00 then an explanation to IFA is required for consideration.

Rental Operating Reserve**.** Answer the question regarding a line of credit. If yes, enter the amount and explain how the operating reserve will be established. $2,750 per unit.

Rental Annual Per-Unit Replacement Reserves**.** Enter explanation on how the replacement

reserves will be escrowed and used only for the replacement of capital components of the Project. $350 per unit.

PROJECTED ANNUAL OPERATING COSTS

Input cost for annual operating cost.

PROJECTED CASH FLOW

Financial Feasibility requirements must be met in order to submit the threshold Application.

EXHIBITS

Upload all exhibits that are required for your project.

REQUIREMENTS

Read and at the bottom of the page check the box that **"I agree"** to the requirements listed on the page.

OVERVIEW

This tab provides a summary of your application from information that was inputted into the application.

HOME UNIT ANALYSIS

This provides an analysis for units from information that was inputted into the application.

ERROR LOG

This provides an analysis of the errors on your application and shows what needs to be corrected before submission.

SCORING CRITERIA TO PROJECTS THAT PASS THRESHOLD.

Site Plans shall show all amenities and scoring construction elections entered in the online Application.

Ensure that, when entering each building's address number, street name, city, and nine-digit zip code, are correct.

The Table below lists the scoring category and guidance on requesting preliminary scoring points.

SCORING

Match	Funding Sources & Match. Eligible local and state sources	Points will be awarded if the application lists match for the project and the IFA required form for the Match exhibit along with the required supporting documentation are provided. The total amount of funding designated as match (as approved by IFA) will be divided by the amount of total HOME funds requested.	0 pts.=1-8% eligible match; 3 pts.=9-16% eligible match; 6 pts.=17-24% eligible

			match; 9 pts.=25% or more eligible match
CHDO	CHDO Application	HUD requires that IFA allocate 15% of the HOME funds to Community Housing Development Organizations (CHDO)	Either 0 or 9 points
Targeted Population	Project Name & Description	Points will be awarded for projects targeting one of these populations: 1) Homeless persons, including homeless individuals, families, youth and/or veterans; 2) Persons with HIV/AIDS; 3) Persons with disabilities; 4) Persons with Substance Abuse Addiction; 5) Transitional Housing; 6) Victims of Domestic Violence.	Either 0 or 5 points
Historical Significance	Project Name & Description, Building	Points will be awarded if the application says all buildings in the project have the proper historic designation and historically significant documents are provided as the exhibit number listed demonstrating that the entire project is on the National Register of Historic Places or that it is determined eligible for the National Register by the State Historic Preservation Office. An Applicant electing points for this category shall use the maximum amount of state and federal historic tax credits as awarded by the appropriate agency as a funding source. Due diligence with the State Historic Preservation Officer (SHPO) on the Owner-elected scoring categories shall be completed by the Applicant prior to submission of the Application to ensure all elections are permissible by SHPO.	Either 0 or 2 points.
CDC Social Vulnerability Index	Project Name and Location & Buildings	0 to 10 points based upon the proposed project's location within a community located in a county with the following level of vulnerability, based upon Overall SVI, Iowa-Statewide Comparison for the most recent year in which data is available at the time of scoring: The Social Vulnerability Index (SVI): Interactive Map - Search work results (bing.com)	High-10 pts Mod to High- 5 pts Low to Mod-2 pts Low-0 pts
Fully Accessible Units	Buildings	Enter the number of Fully Accessible, Units with Communication Features, and Additional Accessible Type A Units for each building on the Buildings Tab. Select the applicable accessibility type for each Unit for scoring points under this category. **Accessible Units and accessibility type shall be included in the Plans**. If the units are not included on the Plans, then the project will not receive the points. 50% of the HOME-assisted units must be fully accessible (not adaptable) to receive points in this category.	Either 0 or 10 points

Fully Accessible Units	Buildings	One minimum 5' wide ADA-compliant roll-in shower per each ADA fully accessible unit (committed above) and shall be disbursed throughout the property and in different bedroom sizes.	Either 0 or 1 point
Capacity	Capacity review	Points will be awarded based on IFA's review of the Capacity section of the application	0 pts=High Risk 5 pts=Medium Risk 10pts=Low Risk
Impact on the Environment	Project Description, Exhibits & Scoring	Check the boxes on the Project Description Tab for each item that will be provided and for which points are requested. No Smoking Policy. A 'no smoking' policy will be implemented and enforced throughout the Affordability Period for all common areas and individual living areas of all buildings.	2 points
		Water Conserving Measures. Install, provide, and maintain throughout the Affordability Period, at the cost of the Project Ownership, toilets that are high efficiency WaterSense toilets that use 1.28 gallons per flush or less (dual flush toilets do not quality); faucet aerators that use 1.5 gallons per minute (gpm) or less in kitchens and 1.0 gpm or less in bathrooms; and showerheads that use 1.5 gpm or less.	2 points
		In-Unit Energy Efficient Water Heaters. Install and provide at no cost to the tenant, energy efficient in-unit water heaters that have a minimum energy factor (EF) of 0.61 tank-type gas, 0.93 for tank-type electric, or 0.96 for tankless water heaters. The in-unit energy efficient water heaters shall be maintained throughout the affordability period at the cost of the Project Ownership.	2 points
		MANDATORY. Radon-reducing features below the building slab along with vertical vent pipe(s) and junction box(es) following requirements in Appendix F, "Radon Control Methods" in the 2012 International Residential Code.	
		The following services shall be within the driving distance (using Google Maps driving directions) of 2 miles or less to get the points associated with each:	
Location near services	Project Description, Exhibits & Scoring	Full-service grocery store. A grocery store that has available for purchase the following categories: Fresh meat (beef, pork, chicken, etc.); dairy products (milk, cheese, butter, etc.); frozen foods (vegetables, pizza, ice cream, frozen meals, etc.); canned goods (beans, tomato products, juices, soups, etc.); paper products (toilet paper, paper towels, diapers, feminine products, etc.); health & beauty products (OTC medicines, hair care products, deodorant, etc.); spices (salt,	1 point

		pepper, cinnamon, oregano, etc.); and bread & bakery products (loaves, buns, donuts, lunch/snack items, etc.)	
		Senior Center. A Community-Based, federally funded, program that provides a variety of services that can include social activities, nutrition, and educational and recreational opportunities for older adults.	1 point
		Medical Services. A primary care or urgent care clinic or a hospital at which a clinical diagnosis can be obtained from a medical doctor (MD), Doctor of Osteopathic Medicine (DO) or a Physician Assistance (PA). A Physician or PA is concerned with preventing, maintaining, and treating human illness and injury. The Physician or PA may conduct physical exams, diagnoses and treat illnesses, order, and interpret test, counsel on preventive health care, assist in surgery and write prescriptions.	1 point
		Public Library. A facility accessible by the general public, generally funded from public sources such as taxes, and operated by a government entity to help educate and promote literacy. A public library is: (1) governed by a local board; (2) open to every community member; and (3) provides basic services without charge (story times, quiet study areas, etc.)	1 point
		Park (city, state or local) An area of land set-apart, owned, or managed by a city, state, or county governmental entity and available to the general public for use of its facilities for recreation. This does not include exclusively sports facilities and fairgrounds.	1 point
		Licensed day care center (family projects only) Licensed Day Care center means a licensed day care center licensed by the Iowa Department of Human Services and listed on the DHS Child Care Client Portal as a licensed center. This does not include any other type of daycare provider. (https://ccmis.dhs.state.ia.us/clientportal/providersearch.aspx)	1 point
		Pharmacy A location where prescription medications are sold. A pharmacy is constantly supervised by a licensed pharmacist. A pharmacy also sells over the counter medication for a variety of medical purposes.	1 point
		Community College. Accredited two-year schools that provide affordable postsecondary education. In addition, they may offer skilled technical training for students to have adequate preparation for jobs that require higher education or	1 point

		workforce training which they will receive a diploma for successful completion. Includes satellite campuses.	
		Convenient Store. A small-sized store that offers a limited range of grocery and other items that people are likely to need or want as a matter of convenience. Convenience stores usually have longer shopping hours.	1 point
		The following services shall be within walking distance (using Google Maps walking directions) of 0.5 mile or less to get the points associated with each:	
		Public Transportation A passenger (transportation) service which is available for use by the general public that has set routes, stops, and time points. This type of transit is provided where no advance reservations are necessary. Service is available to the general public, including persons with disabilities. This does not include Amtrack and multi-state bus companies.	1 point
		Schools. An elementary, junior high or high school accredited by the Iowa Department of Education.	1 point
Iowa Title Guaranty	Project Name & Description	Points will be awarded if the applicant selects on the application that the Ownership Entity shall, at a minimum, obtain a Final Iowa Title Guaranty Certificate with an amount of coverage that is not less than the value of the land and pre-existing improvements, if any, combined with the total Hard Construction Costs of the Project.	Either 0 or 2 points
Iowa Thriving Communities	Site Description	Projects located in one of the chosen cities are eligible for 2 points. Refer to Appendix O for the list of cities.	Either 0 or 2 points

Resources

IFA Website: Notices**,** Application Package, Home Exhibits, Appendices, IFA Forms, and Webinars.

Section 3: FAQs, Training, Final Rule Change Guidance

HOME Appendices

Appendices	Description
A	Tip Sheet & Links
B	HOME Maximum Per Unit Subsidy Limits
C	Underwriting Standards
D	Match Contribution Information
E	Restrictions on Lobbying
F	Providing Audits-Nonprofit, CHDO
G	Providing Financial Statements – For Profit
H	Long-Term Inspection Fees
I	Appraisal Information
J	Iowa's Minimum Housing Rehabilitation Standards
K	Iowa Title Guaranty- Rate Sheet
L	CDC Social Vulnerability Index
M	Lead Based Paint Requirements
N	Noise Standards
O	Iowa Thriving Communities
P	Scope of Work
Q	Community Housing Development Organization Experience

HOME Exhibits

Exhibit	Description	Required
H-1	Application Certification – **IFA Required Form**	Yes
H-2	Assurances Signature Page – **IFA Required Form**	Yes
H-3	Applicant/Recipient Disclosure/Update Form (HUD2880)	Yes
H-4	W-9 Form (Request for Taxpayer ID # & Certification)	Yes
H-5	Minority Impact Statement – **IFA Required Form**	Yes
H-6	No Lobbying Certificate – **IFA Required Form**	Home Request over $100,000
H-7	Disclosure of Lobbying Activities	If applicable
H-8	Local Support	Yes
H-9	Nonprofit Status • IRS letter stating the entity is a qualified nonprofit with a tax-exempt status ruling under 501(c);	Nonprofit
H-10	Provide a current good standing letter from the Iowa Secretary of State's Office (i.e. a Certificate of Existence of a Certificate of Authority)	Yes
H-11	Color Photos of Property & Adjacent Properties Eight photos of each building are required-looking at each bldg., from the North, South, East and West and looking out from each bldg., toward the North, South, East and Wet. If an Acquisition or Acquisition/Rehab, project must also provide at least one photo looking inside the building. All photos must include the street address and building number. Submit all color photos as ONE PDF file.	Yes
H-12	Letters of intent from lending institutions for private construction & permanent financing. Must be on the lending institution's letterhead.	Yes
H-13	Commitment letters from all other sources (i.e grants, loans, etc.) Each letter must include: -the value of the commitment; -the interest rate and terms; -the purpose the funds can be used for; -the time limitations related to the commitment.	Yes
H-14	HOME Utility Allowance Document Refer to HOME Exhibit on website.	Yes
H-15	Market Information for Proposed Project **-IFA Required Form** If the project is located in multiple primary market areas, one form is required for each primary market area.	Yes
H-16	3 Years Balance Sheets	Yes
H-17	3 years profit and Loss Statements	Yes
H-18	Relocation Plan **– IFA Required Form**.	Existing buildings on the site(s)
H-19	Documents providing evidence of control or ownership of site(s) Provide purchase agreement, title of property, etc. Must be good through nine months following the HOME round closing date.	Yes

H-20	Map with Site Location(s) Provide legible recent official city map pinpointing the site location(s). Must show the address of the property, the names of surrounding streets and any other information important for the site inspection.	Yes
H-21	Site Pan(s) clearly listing the following: - Site dimensions - Easements & Setbacks - All buildings (including manager's & accessory bldgs.) - Parking - Play area - Pool - Other items	Yes
H-22	Plans & Specifications clearly listing the following: -Use of all rooms in the bldg. (i.e. exercise room, computer learning center, manager's office, library, craft room, maintenance room, dining room, etc.) -The square footage of each room in the bldg.. -Use of all rooms in the units (i.e. bedroom, bathroom, kitchen, living room, etc.) -The square footage of each unit -Designate all handicap accessible units	Yes NOTE: If requesting points for 50% HOME-assisted fully accessible units, this must be demonstrated on the plans and specs.
H-23	Noise Abatement & Control (1 or 2 items required) • **IFA Required Form** – Noise Abatement and Control • If checked that any noise sensitive conditions exist, must also provide a noise assessment that meets HUD federal requirements	Yes
H-24	Flood Zone – FEMA FIRMette map of each site Link: How to Find your FIRM and Make a FIRMette	Yes
H-25	Sellers Acknowledgement Form – IFA Required Form	Yes
H-26	CHDO Certification Checklist Appendix C & D Board & Staff Rosters **-IFA Required Form** Complete and provide the appendixes document	Only if applying for CHDO set-aside
H-27	CHDO Certification Checklist **-IFA Required Form** Complete the checklist, compile all required attachments and upload as a single PDF.	Only if applying for CHDO set-aside.
H-28	Historical Significance Provide documentation demonstrating that the entire project is listed on the National Register of Historic Places or that it is determined eligible for the National Register by the State Historic Preservation Office.	If applying for points for Historical Significance
H-29	Ownership Entity Documentation For LP, LLP, LLLP, provide: -Current Certificate of Limited Partnership -Current signed Partnership Agreement For LC, LLC, LLLC, provide: -File-Stamped Articles of Organization -Current Signed Operating Agreement	Only if OE is a for-profit AND not a sole proprietor
H-30	Documentation for General Partner/Managing Member & Co-GP/MM For LP, LLP, LLLP provide: -Current Certificate of Limited Partnership -Current Signed Partnership Agreement For LC, LLC, LLLC, provide: -File Stamped Articles of Organization -Current signed Operating Agreement	Only if the Project Team includes a GP/MM or Co-GP/MM

	For Corp, or Incorp, provide: -Bylaws -Board Resolution approving actions of Corp. concerning proposed project	
H-31	Scope of Work	Only if rehab or acquisitions/rehab project
H-32	Tax Abatement Documents for Match Provide tax abatement schedule plus assessed valuation (estimated if necessary) subject to abatement and applicable tax levy.	Only if listed tax abatement as an additional Match not listed in Funding Source
H-33	Match Documentation (**2 items required)** 1) **IFA Required Form** 2) Provide a letter from each entity providing match (must be on their letterhead). Each letter must include: - Date - Name of entity providing the Match - Dollar amount of the Match - Language specifying that the Match is for the proposed HOME project - Signature of person authorizing the commitment of Match funds.	If applying for points for Match
H-34	Site & Neighborhood Standards – **IFA Required Form**	Yes
H-35	Location near Services (Upload Google Map to show distance)	If applicable, upload map

RENTAL THRESHOLD ITEMS

Code Reference	Description	Required
Application	Compliance with IFA Programs IFA determines, at its discretion, whether the Ownership Entity or its partners listed for the project pass threshold if they are delinquent or out of compliance with another IFA program.	Yes
Application	Complete Application	Yes
Application	No Open HOME Rental projects for Developer: Developer listed on the application may not have an open HOME project at date of application submittal. This means that any existing funded HOME project(s) the developer is associated with must have submitted its final draw with approved completion documentation. This does not apply to CHDO's.	Yes
Application	Flood Zone No assisted rental unit may be located in an identified or proposed flood zone.	Yes
Application	Wetland No assisted rental unit may be located in a designated wetland.	Yes
Application	Repay/Forfeit Funds The Ownership Entity/General Partner(s) and Developer have not worked on any housing project/program where they had to repay or forfeit any funds awarded from a federal, state, or local program.	Must answer & explain
Application	Site Control Applicant must have site control valid for nine months following the HOME round closing date.	Yes
Application	Underwriting Application met IFA underwriting standards.	Yes
Application	Zoning Property location is zoned correctly or will be prior to construction.	Yes

Application	**HOME Subsidy Layering** IFA shall evaluate the project in accordance with subsidy layering guidelines adopted by HUD for this purpose.	Yes
Application	**Radon** All buildings must be tested for radon. Radon gas is measured in picocuries per liter (pCi/L) of air. If a building tests at over 4.0 pCi/L or over, a mitigation system must be installed.	Yes
Application	**Local Support** The application shall demonstrate local support for the proposed activity.	Yes
Application	**HOME Certification** The application shall include a HOME certification that the applicant will comply with all applicable state and federal laws and regulations.	Yes
Application	**Evidence of Need** The application shall provide evidence of the need for the proposed activity, the potential impact of the proposed activity, the feasibility of the proposed activity, and the impact of additional housing resources on the existing related housing market.	Yes
Application	**Award Limit** An award shall be limited to no more than $1,000,000. CHDO - HUD limit max per unit	Yes
Federal 24 CFR 5	**Ineligible Parties** The following parties are not on the U.S. Dept. of HUD's debarred list: Ownership Entity, General Partner, Co-General Partner, Developer, Co-Developer, and Management Company.	Yes
Federal 24 CFR 51, subpart B	**Noise Abatement and Control** The requirements set out in Section 51.104(a) are designed to ensure that interior level noise does not exceed the 45 decibels (dB) level established as a goal in Section 51.101(a)(9).	Yes
Federal 24 CFR 92.202	**Site & Neighborhood Standards**	Yes

	Incorporate the site and neighborhood standards of the HOME Program as an integral part of the project evaluation process to ensure proposed project locations will not contribute to undue concentration of affordable housing in RCAP areas.	

Federal 24 CFR 92.205	Minimum HOME Subsidy The HOME subsidy to the project is at least $1,000 per unit.	Yes
Federal 24 CFR 92.250	Per Unit Dollar Limits The total amount of HOME funds awarded on a per-unit basis may not exceed the per unit dollar limitations established annually by HUD.	Yes
Federal 24 CFR 92.250	GAP Financing The application shall show that a need for HOME assistance exists after all other financial resources have been identified and secured for the proposed activity.	Yes
Federal 24 CFR 92.250	Pro Rata or Fair Share The total amount of HOME funds awarded on a per-unit basis cannot exceed the (2012) pro rata or fair share of the total project costs when compared to a similar unit in a rental activity.	Yes
Federal 24 CFR 92.251 Federal 24 CFR 5.70(c)	Property Standards All newly constructed housing shall be constructed in accordance with any locally adopted and enforced building codes, standards and ordinances. In the absence of locally adopted and enforced building codes, the requirements of the International Code Council's International Residential Code shall apply. HUD has recently released the NSPIRE regulations, which replaces the HQS regulations. Implementation will begin with any HOME contract signed after October 1, 2024.	If new const.
Federal 24 CFR 92.251	Property Standards	If rehab or acq/rehab

Federal 24 CFR 5.70(c)	All rental housing involving rehabilitation shall be rehabilitated in accordance with Iowa's Minimum Housing Rehabilitation Standards. HUD has recently released the NSPIRE regulations, which replaces the HQS regulations. Implementation will begin with any HOME contract signed after October 1, 2024.	
Federal 24 CFR 92.251	HOME Handicapped Accessibility Requirement If new construction or acq./new const., the project must have at least 5% Handicapped Accessible units. If acq., acq./rehab., or rehab., and has 15 or more units, the project must have at least 5% Handicapped Accessible units.	Yes
Federal 24 CFR 92.251	HOME Handicapped Accessibility Requirement If new construction or acq./new const., the project must have at least 2% Visual/Hearing Handicapped Accessible units. If acq., acq./rehab., or rehab., and has 15 or more units, the project must have at least 2% Visual/Hearing Handicapped Accessible units.	Yes
Federal 24 CFR 92.252	HOME Rent Limits HOME-assisted units meet HOME rent limits.	Yes
Federal 24 CFR 92.252 HOTMA Act of 2016 Sections 102, 103, 104	HOME Income Limits For a rental project, all (HOME)assisted units shall be rented to low-income households; at initial occupancy, at least 90% of the units shall be rented to households with incomes at or below 60% AMI and, for projects with 5 or more (HOME-assisted) units, at least 20% of the units shall be rented to very low-income households. The HOTMA regulation was issued by HUD to implement Sections 102, 103, and 104 of the Housing Opportunity Through Modernization Act of 2016. This updates HUD's regulations of income reviews, definitions of income and assets and income determinations for families. Implementation of HOTMA begins January 1, 2024.	Yes

Federal 24 CFR 92.504	**Project Timeline** Activity timeline for completing the project is within allowed HUD guidelines.	Yes
BABA Act, 41 USC 8301	**BABA Act** Grantee must comply with the requirements of the Build America, Buy America (BABA) Act, 41 USC 8301 note, and all applicable rules and notices, as may be amended, if applicable to the Grantee's infrastructure project. Pursuant to HUD's Notice, "Public Interest Phased Implementation Waiver for FY 2022 and 2023 of Build America, Buy America Provisions as Applied to Recipients of HUD Federal Financial Assistance" (88 FR 17001), any funds obligated by HUD on or after the applicable listed effective dates (August 23, 2024), are subject to BABA requirements, unless excepted by a waiver.	Yes
State 265-39.3(16)	**Eligible HOME Applicant** Application is from a qualified, eligible HOME applicant.	Yes
State 265-39.4(16), 39.4(1)	**Eligible HOME Activities** Funds requested are for an eligible HOME activity/activities.	Yes
State 265-39.6(16), 39.6(1)	**HOME Purpose & Consolidated Plan** The application shall propose a housing activity consistent with the HOME fund purpose and eligibility requirements and the state consolidated plan.	Yes
State 265-39.6(2)	**Capacity** The application shall document the applicant's capacity to administer the proposed activity. Such documentation may include successful administration of prior housing activities.	Yes
State 265-39.6(2) & IDPH	**Lead Based Paint Requirements** Applicant agrees to use a Lead Safe Renovator for lead based paint issues. (Only required for pre-1978 buildings)	If pre-1978 project

TBRA Application

GUIDANCE BY TAB (Be sure to **save each Tab before exiting** the Application)

GENERAL INFORMATION

This manual highlights and is a summary of the application, this is not an all-inclusive document.

PROJECT NAME & DESCRIPTION

Answer each question in this tab to describe the proposed project.

1. **Project Name:** Complete the name of the project. This name will stay with your project until completion.
2. **Occupancy Type**: Family
3. **Targeted Population**: Select N/A; Homeless persons, including homeless individuals, families, youth and/or veterans; persons with disabilities; persons with HIV/Aids; persons with substance abuse addition; transitional housing; or victims of domestic violence from the dropdown box.
4. **Cities to be Served**: select area of service.
5. **Description of the project.** Provide a complete description of the project.
6. **Does Public Housing Authority have a waiting list**. Select yes or no.
7. **How many households are on the Public Housing Authority waiting list.** Insert Number.
8. **What is the average wait period**. From the drop-down pick: 0-3 months, 4-6 months, 7-9 months, 10-12 months, or 13+ months.
9. **In addition to the Public Housing Authority wait list, what other evidence of need is available**. Describe.
10. **Will this activity be coordinated with other housing programs.** Describe.
11. **Provide local support for the project**. Describe.
12. **The project must serve tenants at or below 80% AMI and 90% of the families assisted must be at or below 60% AMI. What AMI levels does this project intend to serve.** Describe what AMI families will be served.
13. **Assistance will not be provided for more than 2 years** Select yes with dropdown box.
14. **Do you have a plan for tenants to work toward self-sufficiency.** Select either yes or no from the dropdown box.
15. **List the minimum tenant dollar contribution or the percentage of income established for the project.** Select one dollar amount or % of income and input amount into the correct box.
16. **Applicant agrees that all TBRA units must meet, at a minimum, meet HQS standards.** Select yes in dropdown box.
17. **Applicant agrees that all HOME assisted units will meet the lease term, the prohibited lease provisions, the termination of tenancy and the tenant selection criteria established in HUD Section 92.253**. Select yes in dropdown box**.**
18. **Webinar.** Did a member of the applying entity attend or view the HOME Application webinar. **(Applicants are required to view the webinar. A recording will be posted on the HOME resources page)**

SUBRECIPIENT ORGANIZATION

Organization

Complete organization entity name, address, city, county, state, zip code and email address.

General Information. Select entity type from dropdown non-profit or Other.

UEI Number. Enter the 12 alpha/digits, do not include dashes.

Tax Identification Number. Enter the tax identification for the ownership entity.

Contract Person. Enter the first and last name of the contact person, address, city, county, state, zip code, phone number and email address. This person will receive all information per application, so please make sure they are available and able to answer questions, IFA may have during review and potential award.

PROJECT TEAM

Enter each team member that will be working with the project. There should be adequate team members involved to ensure the success of the project. Indicate the length of the partnership between team members. Be sure to add the authorized legal signatory for the project. **(Only 1 person per team member type can be listed except for team member type "Other".)**

CAPACITY

1. **Has the Subrecipient Organization previously submitted a State HOME application.** Select yes or no from the drop-down box.

2. **Has the Subrecipient Organization previously received a State HOME award?** Select yes or no form the dropdown box.

3. **List prior TBRA HOME funded projects that the Subrecipient Organization has administered in the last five years**. Describe prior TBRA HOME project.

4. **If this is your first HOME program project, are you proposing that any other HOME projects with any state or local programs be undertaken simultaneously. Select yes, no, not 1st HOME project.** If yes, please describe.

5. **Provide a description of any other past programs or projects that the Subrecipient Organization administered which successfully promoted low-income housing within the last five years. (Exclude HOME TBRA projects).** Describe.

6. **Has the Subrecipient Organization worked on any housing project/program where it had to repay or forfeit any funds awarded by a federal, state, or local program?** Select yes or no from the dropdown box. If yes, please describe.

7. **Has the Subrecipient Organization worked on any housing project/program which currently has an outstanding noncompliance issue for a federal, state, or local program?** Select yes or no from the dropdown box. If yes, please describe.

8. **Has the Subrecipient Organization experienced any turnover in key staff positions in the past two years.** Select yes or no from the dropdown box. If yes, please describe.

9. **Does your staff have experience in organization, marketing, and/or property management**. Choose yes or no. If yes, enter the experience under the applicable category found in the **"Staffing Experience For Proposed Project"** section'.

STAFFING EXPERIENCE FOR PROPOSED PROJECT

INSTRUCTIONS: Enter individual or company information in each area where there is staffing experience.

Type of position held must fall into one of the following defined categories:

STAFF – Staff are full-time employees as defined by the IRS. This does not include Board members, volunteers and consultants who do not have responsibility for day-to-day operations

CONTRACT EMPLOYEES – Contract employees are those individuals who are paid but not entitled to receive benefits.

PARTNERS – Partners are those with a legally or contractually defined role in the control of the project decision making (e.g. tax credit investors, joint ventures, etc.)

OTHERS – Others are consultants, architects, marketing firms, etc.

Applicant Organization Experience

Previous TBRA HOME Project

Rent Subsidy Program (Section 8 vouchers, etc.)

Marketing

Advertising

Leasing (Initial Leasing Experience)

Technical Services (if applicable)

Property Management

Compliance (Program regulations, bldg. codes, & contractual responsibilities)

Property Manager

Property Maintenance

Lease/Tenant Relations (Includes rent collection, re-leasing, termination, other tenant-related issues)

HQS Inspection Experience

Tenant Income Determination

Lead Based Paint/Asbestos

PROJECT TIMETABLE

If awarded funds, project must be completed with 24 months of the executed contract
Insert your time schedule into the project timetable.

FUNDING SOURCES AND MATCH

Funding Sources for Project Costs (These amounts must be included on the BUDGET tab of the application.) List sources of all funds for the proposed project.

Additional Match (Any additional means or sources of value attributed to the project that are non-cash. These amounts should not be included in the BUDGET section of the application.) List additional match that are non-cash and not listed above.

BUDGET

Project Cost Breakdown

Rent Subsidies

A.   Estimated Amt. of Monthly Rent Subsidy per Unit Size
B.   # of Families to Receive this Subsidy Amt.
C.   # of months to be Provided

Total Rent Subsidies per Unit Size (=A x B x C)

Insert the numbers into the appropriate size of units expecting to use for the TBRA tenants

Total Rent Subsidies

D.   Amount funded by other sources
E.   Amount funded by HOME

How many of the households receiving rent subsidies will also receive security deposits?

How many of the households receiving rent subsidies will also receive utility deposits

Security Deposits

    A.   Average Amt. of Security Deposit
    B.   # of Families to Receive Security Deposit Assistance

    Total Security Deposits

    C.   Amount Funded by Other Sources
    D. Amount Funded by HOME

How many of the families receiving security deposit assistance in the line B will not receive a rent subsidy listed in the Rent Subsidies section. (if you put a zero or blank in B for security deposits, enter a zero for this answer.)

Utility Deposits

    A.   Average Amt. of Utility Deposit per Unit Size
    B.   # of Families to Receive Utility Deposit Assistance

    Total Utility Deposits

    C.   Amount Funded by Other Sources
    D. Amount Funded by HOME

How many of the families receiving utility deposit assistance in line B. will NOT receive a rent subsidy listed in the Rent Subsidies section? (If you put a zero or blank in B. for utility deposits, enter a zero for this answer.)

NOTE: Utility Deposits cannot be used alone. They must be used in conjunction with Rent Subsidies or Security Deposits. Utility deposits must be a one-time utility hook-up fee and cannot be used to pay for monthly or past due utility bills.

TOTAL HOME funds requested for Rent Subsidies, Security Deposits & Utility Deposits.

Estimated number of households that the project will assist.

Housing Inspection Costs

    A.   Average Cost of Property Inspection
    B.   Estimated Number of Inspections

    Total Housing Inspection Costs

    C.   Amount Funded by Other Sources
    D. Amount Funded by HOME

Income Eligibility Costs

    A.   Average Cost of Determination
    B.   Estimated Number of Determinations

    Total Income Eligibility Costs

    C.   Amount Funded by Other Sources

D. Amount Funded by HOME

TOTAL HOME funds requested for Housing Inspection Cost & Income Eligibility Costs

NOTE: The combined total of HOME funds requested for Housing Inspections Costs and Income Eligibility Costs cannot exceed 8% of the combined total of HOME funds requested for Rent Subsidies, Security Deposits & Utility Deposits.

General Administration Funds Breakdown

Amount Funded by Other Sources

Amount Funded By HOME

Total

NOTE: The total HOME General Administration Funds requested cannot exceed 4% of the combined total of HOME funds requested for Rent Subsidies, Security Deposits & Utility Deposits.

Totals

HOME Project Cost Funds Requested

HOME General Administration Funds Requested

Total Amount Funded By HOME Total Amount Funded By Other Sources

TOTAL PROJECT COST

(Excluding additional non-cash, value attributed match)

GRAND TOTAL PROJECT COST (Including non-cash, value attributed match)

EXHIBITS

Upload all exhibits that are required for your project.

REQUIREMENTS

Read and at the bottom of the page check the box that **"I agree"** to the requirements listed on the page.

OVERVIEW

This tab provides a summary of your application from information that was inputted into the application.

ERROR LOG

This provides an analysis of the errors on your application and shows what needs to be corrected before submission.

SCORING CRITERIA TO PROJECTS THAT <u>PASS</u> THRESHOLD

Match	Funding Sources & Match. Eligible local and state sources	Points will be awarded if the application lists match for the project and the IFA required form for the Match exhibit along with the required supporting documentation are provided. The total amount of funding designated as match (as approved by IFA) will be divided by the amount of total HOME funds requested.	0 pts.=1-4% eligible match; 3 pts.=5-9% eligible match; 6 pts.=10-14% eligible match; 9 pts.=15%-20% eligible match; 15pts.=21% or more eligible match
Targeted Population	Project Name & Description	Points will be awarded for projects targeting one of these populations: 1) Homeless persons, including homeless individuals, families, youth and/or veterans; 2) Persons with HIV/AIDS; 3) Persons with disabilities; 4) Persons with Substance Abuse Addiction; 5) Transitional Housing; 6) Victims of Domestic Violence.	Either 0 or 10 points
Rent Subsidies	Budget	Points will be awarded if the application's BUDGET tab shows that 85% or more of the estimated number of households assisted will receive rent subsidies.	Either 0 or 5 points
Capacity	Capacity	Points will be awarded based on IFA's review of the Capacity section of the application.	High risk=0 points; Medium risk= 5 points; Low Risk= 10 points

HOME TBRA Appendices

Appendices	Description
A	Tip Sheet & Links
B	TBRA Match Contribution Information
C	HOME Administration Funds
D	Restrictions on Lobbying
E	Providing Audits-Nonprofit and Local Governments
F	Technical Services

HOME TBRA EXHIBITS LIST

Exhibit	Description	Required
H-1	Application Certification – **IFA Required Form**	Yes
H-2	Assurances Signature Page – **IFA Required Form**	Yes
H-3	Applicant/Recipient Disclosure/Update Form (HUD2880)	Yes
H-4	W-9 Form (Request for Taxpayer ID # & Certification)	Yes
H-5	Minority Impact Statement – **IFA Required Form**	Yes
H-6	No Lobbying Certificate – **IFA Required Form**	Home Request over $100,000
H-7	Disclosure of Lobbying Activities	If applicable
H-8	Local Support	Yes
H-9	Nonprofit Status • IRS letter stating the entity is a qualified nonprofit with a tax-exempt status ruling under 501(c); and	Nonprofit
H-10	Good Standing with the Secretary of State -Provide a current good standing letter from the Iowa Secretary of State's Office	Yes
H-11	PHA rent standards	Yes
H-12	PHA Utilities Provide current PHA utilities dated within one year of the HOME round closing date. If date on documentation is not within one year, also provide written confirmation that the PHA utilities are still current.	Yes
H-13	Self-Sufficiency Plan	If Applicable
H-14	Waiting list letter from PHA	Yes
H-15	Match Documents	If applying for points for Match

TBRA Threshold Checklist

Code Reference	Description	Required
Application	<u>Complete Application</u>	Yes
Application	<u>Compliance with IFA Programs</u> IFA determines, at its discretion, whether the Subrecipient or partners listed for the project pass threshold if they are delinquent or out of compliance with another IFA program.	Yes
Application	<u>Repay/Forfeit Funds</u> The Subrecipient Organization has not worked on any housing project/program where it had to repay or forfeit any funds awarded by a federal, state or local program.	Must answer & explain
Application	<u>Project Timeline</u> Project must be completed within 24 months of the executed contract.	Yes
Application	<u>Local Support</u> The application shall demonstrate local support for the proposed activity.	Yes
Application	<u>HOME Certification</u> The application shall include a HOME certification that the applicant will comply with all applicable state and federal laws and regulations.	Yes
Application	<u>Evidence of Need</u> The application shall provide evidence of the need for the proposed activity, the potential impact of the proposed activity, the feasibility of the proposed activity, and the impact of additional housing resources on the existing related housing market.	Yes
Application	<u>Award Limit</u> An award shall be limited to no more than $500,000 for a tenant-based rental assistance activity.	Yes
Federal 24 CFR 92.209	<u>Rents</u> For TBRA, gross rents shall not exceed the jurisdiction's applicable rent standard and shall be reasonable, based on rents charged for comparable, unassisted rental units	Yes
Federal 24 CFR 92.209 Federal 24 CFR 5.07(c)	<u>HQS Standards</u> Applicant agreed that all TBRA assisted units will meet HQS standards. Any contract signed after October 1, 2024, will be required to meet the new HUD NSPIRE regulations.	Yes
Federal 24 CFR 92.216	<u>Household Incomes</u> For TBRA, only households with incomes at or below 80% AMI shall be assisted; 90% of the households served shall have incomes at or below 60% AMI. Any contract signed after January 1, 2024, will follow the HUD HOTMA requirements for income qualifying.	Yes

HOTMA Act of 2016 Sections 102, 103, 104	The HOTMA regulation was issued by HUD to implement Sections 102, 103, and 104 of the Housing Opportunity Through Modernization Act of 2016. This updates HUD's regulations of income reviews, definitions of income and assets and income determinations for families. Implementation of HOTMA begins January 1, 2024.	
Federal 24 CFR 92.250	<u>GAP Financing</u> The application shall show that a need for HOME assistance exists after all other financial resources have been identified and secured for the proposed activity.	Yes
State 265-39.3(16)	<u>Eligible HOME Applicant</u> Application is from a qualified, eligible HOME applicant.	Yes
State 265-39.4(16), 39.4(1)	<u>Eligible HOME Activities</u> Funds requested are for an eligible HOME activity/activities.	Yes
State 265-39.6(16), 39.6(1)	<u>HOME Purpose & Consolidated Plan</u> The application shall propose a housing activity consistent with the HOME fund purpose and eligibility requirements and the state consolidated plan.	Yes
State 265-39.6(16), 39.6(2)	<u>Capacity</u> The application shall document the applicant's capacity to administer the proposed activity. Such documentation may include successful administration of prior housing activities.	Yes
State 265-39.8(16), 39.8(3)	<u>General Administration</u> Subrecipients shall identify general administrative costs in the HOME application. IFA reserves the right to negotiate the amount of funds provided for general administration, but in no case shall the amount for general administration exceed 10% of a total HOME award. Only local government and nonprofit recipients are eligible for general administrative funds. Subrecipients must certify that all general administrative costs reimbursed by HOME are separate from and not reimbursed by HOME as technical assistance costs.	Only if applying for Admin. funds

Homebuyer Application

GUIDANCE BY TAB (Be sure to **save each Tab before exiting** the Application)

GENERAL INFORMATION

This manual highlights and is a summary of the application, this is not an all-inclusive document.

PROJECT TEAM

Answer each question in this tab to describe the capacity of each team member.

1. **Project Name.** Complete the name of the project. This name will stay with the project throughout the affordability period.
2. **Project Type:** Select acquisition or acquisition/rehab form the dropdown box.
3. **Cities to be Served:** select area of service.
4. **Occupancy Type.** Select from family from the dropdown box.
5. **Total Project Units.** Enter number of homebuyer units that will be assisted.
6. **Type of HOME units.** Select fixed from the dropdown box.
7. **During rehab, the Scope of Work will include Energy Star qualified/labeled products.** Select from the dropdown yes it is a rehab or no it is not a rehab.
8. **Applicant agrees that no HOME funding will be used for the rehabilitation or construction of any freestanding structures, including detached garages and community centers, without prior and written approval from IFA.** Select yes from the dropdown box.
9. **How and by whom will the after-rehab. value be determined.** Input the information in the box provided.
10. **Identify the specific principal loan products to be offered to the homebuyer.** Input the information in the box provided.
11. **Who will provide the required homebuyer education.** Input the information in the box provided.
12. **Provide a narrative that describes the homebuyer education program.** Input the information in the box provided.
13. **Brief description of the project.** Provide a detailed narrative of the project description.
14. **Provide evidence of need for proposed project in narrative form.** Input the information in the box provided with supporting details on the need for the local area supporting the need for homeownership.
15. **Provide local support for the project.** Describe.
16. **Webinar.** Did a member of the applying entity attend or view the HOME Application webinar. **(Applicants are required to view the webinar. A recording will be posted on the HOME resources page)**

SUBRECIPIENT ORGANIZATION

Organization
Organizatoin Name: Name subrecipient organization, address, city, state, zip code and telephone number.

General Information

Select Type. From the dropdown box select type of organization your subrecipient is legally formed.

Is the Subrecipient Organization a non-profit. Select yes in the dropdown box.

UEI alpha/digit for subrecipient organization.

Tax Identification Number. Enter tax identification number for the subrecipient organization.

Contact Person. Enter the first and last name of the contact person, address, city, county, state, zip code, phone number and email address. This person will receive all information per application, so please make sure they are available and able to answer questions, IFA may have during review and potential award.

PROJECT TEAM

Enter each team member that will be working with the project. There should be adequate team members involved to ensure the success of the project. Indicate the length of partnership between team members. Be sure to add the authorized signatory for the project. **(Only 1 person per team member type can be listed except for team member type "Other".)**

CAPACITY

1. **Has the Subrecipient Organization previously submitted a State HOME application.** Select yes or no from the drop-down box.
2. **Has the Subrecipient Organization previously received a State HOME award?** Select yes or no form the dropdown box.
3. **List prior Homebuyer HOME funded projects that the Subrecipient Organization has administered in the last five years.** Describe prior Homebuyer HOME project.
4. **Identify current Subrecipient Organization employees who worked on HOME projects listed in question 3 above.** Input information into box provided
5. **Provide a description of any other past programs or projects that the Subrecipient Organization administered which successfully promoted low-income housing within the last five years.** (Exclude HOME Homebuyer Subrecipient projects).
6. **Has the Subrecipient Organization worked on any housing project/program where it had to repay or forfeit any funds awarded by a federal, state, or local program**? Choose yes or no. If yes, please describe.
7. **Has the Subrecipient Organization worked on any housing project/program which currently has an outstanding noncompliance issue for a federal, state, or local program?** Choose yes or no. If yes, please describe.
8. **Has the Subrecipient Organization experienced any turnover in key staff positions in the past two years**. Choose yes or no. If yes, please describe.
9. **Does your staff have experience in advertising, marketing, and/or program management.** Choose yes or no. If yes, enter the experience under the applicable category found in the **"Staffing Experience For Proposed Project"** section'

STAFFING EXPERIENCE FOR PROPOSED PROJECT

INSTRUCTIONS: Enter individual or company information in each area where there is staffing experience.

Type of position held must fall into one of the following defined categories:

STAFF – Staff are full-time employees as defined by the IRS. This does not include Board members, volunteers and consultants who do not have responsibility for day-to-day operations

CONTRACT EMPLOYEES – Contract employees are those individuals who are paid but not entitled to receive benefits.

PARTNERS – Partners are those with a legally or contractually defined role in the control of the project decision making (e.g. tax credit investors, joint ventures, etc.)

OTHERS – Others are consultants, architects, marketing firms, etc.

Advertising/Marketing

Program Management

Compliance (Program regulations & contractual responsibilities)

Program Manager

Determination of HOME Income & Allowances

Financial Management (bookkeeping)

Procurement

Homebuyer Education/Counseling

Environmental/NEPA Experience

Property Inspection Standards

Technical Services (if applicable)

PROJECT TIMETABLE
If awarded funds, project must be completed with 24 months of the executed contract**.** Insert your time schedule into the project timetable.

FUNDING SOURCES AND MATCH

Funding Sources for Project Costs (These amounts must be included on the BUDGET tab of the application.) List sources of all funds for the proposed project.

Additional Match (Any additional means or sources of value attributed to the project that are non-cash. These amounts should not be included in the BUDGET section of the application.) List additional match that are non-cash and not listed above

BUDGET

Estimated number of households that will be assisted with HOME. Input number.

In the **PROJECT COST BREAKDOWN** table below, a number must be entered in each field even if the number is zero. Also, a minimum amount of $1,000 for down payment assistance is required.

PROJECT COST BREAKDOWN

Hard cost of rehabilitation

Downpayment Assistance

Technical Services

Lead hazard reduction or lead hazard abatement costs

Lead hazard reduction or lead hazard abatement carrying costs

Temporary relocation

In the first column input **Estimated Amount per Unit of HOME Funds; in the second column Total Amount of HOME Funds for All Units; in the last column Amount Funded by Other Sources for All Units.**

Total HOME Project Funds Requested

GENERAL ADMINISTRATION FUNDS BREAKDOWN

Amount Funded by Other Sources

Amount Funded by HOME

TOTAL

Total HOME General Administration Funds Requested

TOTAL HOME FUNDS REQUESTED (Project & General Administration)

TOTAL PROJECT COSTS (Funding Sources plus Match Not a Funding Source)

EXHIBITS

Upload all exhibits that are required for your project.

REQUIREMENTS

Read and at the bottom of the page check the box that **"I agree"** to the requirements listed on the page.

OVERVIEW

This tab provides a summary of your application from information that was inputted into the application.

ERROR LOG

This provides an analysis of the errors on your application and shows what needs to be corrected before submission.

HOMEBUYER SUBRECIPIENT SCORING

Category 1 – Match (0, 3, 6 or 9 points)
Points will be awarded if the application lists match for the project and the IFA required form for Exhibit H-16 along with the required supporting documentation are provided. The total amount of funding designated as match (as approved by IFA) will be divided by the amount of total HOME funds requested.

1 - 4% eligible HOME Match	0 points
5 - 9% eligible HOME Match	3 points
10 - 14% eligible HOME Match	6 points
15% or more eligible HOME Match	9 points

Category 2 – Project NOT Located in City/Cities that had Completed HOME Homebuyer Units from 10/1/2017 through 10/1/2021 (0 or 5 points)
Points will be awarded if the application shows the project is NOT located in a city/cities that had completed HOME Homebuyer units from 10/1/2018 through 10/1/2023 according to Appendix I.

Category 3 – Capacity (0, 5 or 10 points)
Points will be awarded based on IFA's review of the capacity section of the application.

High Risk Determination	0 points
Medium Risk Determination	5 points
Low Risk Determination	10 points

HOMEBUYER EXHIBITS

Exhibit	Description	Required
H-1	Application Certification – IFA Required Form	Yes
H-2	Assurances Signature Page – IFA Required Form	Yes
H-3	Applicant/Recipient Disclosure/Update Form (HUD2880)	Yes
H-4	W-9 Form (Request for Taxpayer ID # & Certification)	Yes
H-5	Minority Impact Statement – IFA Required Form	Yes
H-6	No Lobbying Certificate – IFA Required Form	Home Request over $100,000
H-7	Disclosure of Lobbying Activities	If applicable
H-8	Local Support	Yes
H-9	Nonprofit Status • IRS letter stating the entity is a qualified nonprofit with a tax-exempt status ruling under 501(c); and • Current good standing letter from the Iowa Secretary of State's Office	If a Nonprofit
H-10	Good Standing from the Secretary of State -Provide a good standing letter from the Iowa Secretary of State's Office (i.e. a Certificate of Existence or a Certificate of Authority).	Yes
H-11	Letters of support from lending institutions for mortgage financing in conjunction with down payment assistance	If applicable
H-12	Commitment Letters	If applicable
H-13	Market information for proposed project.- IFA Required Form	Yes
H-14	3 Year Balance sheets	Yes
H-15	3 Year Profit and Loss Statements	Yes
H-16	Match documentation – IFA Required Form	**If applicable**

HOMEBUYER APPENDIX LIST

Appendix	Description
A	Tip Sheet & Links
B	Match Contribution Information
C	Restrictions on Lobbying
D	Providing Audits – Nonprofit
E	Appraisal Information
F	Iowa's Minimum Housing Rehabilitation Standards
G	Lead Based Paint Requirements
H	HOME Administration Funds
I	Cities with Completed HOME Homebuyer Units from 10/1/2018 to 10/1/2023
J	Iowa HOME Homeownership Limits
K	Technical Services

HOMEBUYER THRESHOLD CHECKLIST

Code Reference	Description	Required
Application	Complete Application	Yes
Application	Compliance with IFA Programs IFA determines, at its discretion, whether the Subrecipient or partners listed for the project pass threshold if they are delinquent or out of compliance with another IFA program.	Yes
Application	Flood Zone No assisted unit may be located in an identified or proposed flood zone.	Yes
Application	Repay/Forfeit Funds The Subrecipient Organization has not worked on any housing project/program where it had to repay or forfeit any funds awarded by a federal, state or local program.	Must answer & explain
Application	Underwriting Application met IFA's underwriting standards.	Yes
Application	Down Payment Assistance Down payment assistance per unit is at least $1,000.	Yes
Application	The maximum per unit subsidy for all single-family activities involving rehabilitation is $37,500. The $37,500 per unit limit includes all applicable costs including, but not limited to, the hard costs of rehabilitation or the acquisition subsidy or both; homebuyer assistance activities; technical services costs, including lead hazard reduction carrying costs; lead hazard reduction costs; and temporary relocation. All rehabilitation hard costs funded with HOME funds are limited to $24,999. All applicable technical services costs, including any lead hazard reduction carrying costs, are limited to $4,500 per unit.	Yes
Application	Assistance for single-family housing activities providing acquisition (mortgage buy-down, down payment or closing costs assistance or both, or combinations thereof) is limited to $35,000 per unit, inclusive of all costs, including technical service costs.	Yes
Application	HOME Subsidy Layering IFA shall evaluate the project in accordance with subsidy layering guidelines adopted by HUD for this purpose.	Yes

Application	Radon All homes must be tested for radon. Radon gas is measured in picocuries per liter (pCi/L) of air. If a home tests at over 4.0 pCi/L or over, a mitigation system must be installed in the house.	Yes
Application	Local Support The application shall demonstrate local support for the proposed activity.	Yes
Application	HOME Certification The application shall include a HOME certification that the applicant will comply with all applicable state and federal laws and regulations.	Yes
Application	Evidence of Need The application shall provide evidence of the need for the proposed activity, the potential impact of the proposed activity, the feasibility of the proposed activity, and the impact of additional housing resources on the existing related housing market.	Yes
Application	Award Limit An award shall be limited to no more than $500,000.	Yes
Federal 24 CFR 92.202	Site & Neighborhood Standards Incorporate the site and neighborhood standards of the HOME Program as an integral part of the project evaluation process to ensure proposed project locations will not contribute to undue concentration of affordable housing in RCAP areas.	Yes
Federal 24 CFR 92.205	Minimum Home Subsidy The HOME subsidy to the project is at least $1,000 per unit.	Yes
Federal 24 CFR 92.217 HOTMA Act of 2016 Sections 102, 103, 104	HOME Income Limits For homebuyer assistance, only households with incomes at or below 80% of the AMI shall be assisted. Any contract signed after January 1, 2024, must follow HUD HOTMA guidelines for income qualifying. The HOTMA regulation was issued by HUD to implement Sections 102, 103, and 104 of the Housing Opportunity Through Modernization Act of 2016. This updates HUD's regulations of income reviews, definitions of income and assets and income determinations for families. Implementation of HOTMA begins January 1, 2024.	Yes
Federal 24 CFR 92.250	GAP Financing The application shall show that a need for HOME assistance exists after all other financial resources have been identified and secured for the proposed activity.	Yes
Federal 24 CFR 92.251	Property Standards	If rehab or acq/rehab

Federal 24 CFR 5.70(c)	All single-family housing involving rehabilitation shall be rehabilitated in accordance with any locally adopted and enforced building or housing codes, standards and ordinances. In the absence of locally adopted and enforced building or housing codes, the requirements of the Iowa Minimum Housing Rehabilitation Standards shall apply (all communities with populations of 15,000 or less). HUD has recently released the NSPIRE regulations, which replaces the HQS regulations. Implementation will begin with any HOME contract signed after October 1, 2024.	
BABA Act, 41 USC 8301	BABA Act Grantee must comply with the requirements of the Build America, Buy America (BABA) Act, 41 USC 8301 note, and all applicable rules and notices, as may be amended, if applicable to the Grantee's infrastructure project. Pursuant to HUD's Notice, "Public Interest Phased Implementation Waiver for FY 2022 and 2023 of Build America, Buy America Provisions as Applied to Recipients of HUD Federal Financial Assistance" (88 FR 17001), any funds obligated by HUD on or after the applicable listed effective dates (August 23, 2024), are subject to BABA requirements, unless excepted by a waiver.	Yes, if applicable

Federal 24 CFR 92.254	**Maximum Value Limits** (i) In the case of acquisition of newly constructed housing or standard housing, the housing has a purchase price for the type of single family housing that does not exceed 95 percent of the median purchase price for the area, as described in paragraph (a)(2)(iii) of this section. (ii)In the case of acquisition with rehabilitation, the housing has an estimated value after rehabilitation that does not exceed 95 percent of the median purchase price for the area, described in paragraph (a)(2)(iii) of this section.	Yes
Federal 24 CFR 92.504	**Project Timeline** Activity timeline for completing the project is within allowed HUD guidelines.	Yes
State 265-39.3(16)	**Eligible HOME Applicant** Application is from a qualified, eligible HOME applicant.	Yes
State 265-39.4(16), 39.4(1)	**Eligible HOME Activities** Funds requested are for an eligible HOME activity/activities.	Yes
State 265-39.6(16), 39.6(1)	**HOME Purpose & Consolidated Plan** The application shall propose a housing activity consistent with the HOME fund purpose and eligibility requirements and the state consolidated plan.	Yes
State 265-39.6(16), 39.6(2)	**Capacity** The application shall document the applicant's capacity to administer the proposed activity. Such documentation may include successful administration of prior housing activities.	Yes
State 265-39.6(16), 39.6(2) & IDPH	**Lead Based Paint Requirements** Applicant agrees to use a Lead Safe Renovator for lead based paint issues. (Only required for pre-1978 buildings)	If pre-1978 project
State 265-39.8(16), 39.8(3)	**General Administration** Subrecipients shall identify general administration costs in the HOME application. IFA reserves the right to negotiate the amount of funds provided for general administration, but in no case shall the amount for general administration exceed 10% of a total HOME funds award. Only local government and nonprofit recipients are eligible for general administration funds. Subrecipients must certify that all general administrative costs reimbursed by HOME are separate from and not reimbursed by HOME as technical assistance costs.	Only if applying for admin funds

AWARD OF HOME PROJECT

The Iowa Finance Authority Board of Directors shall issue awards for the current funding round at the IFA Board meeting. A ranking list of applications shall be available at that time. The spread sheet is a ranking of all Applicants based upon the final score determined by IFA.

CHDO applications will take precedents over all other applications (at least 15% of the required HUD set-aside)

A written notification of a HOME award or non-award shall be emailed to each Applicant after the IFA Board Meeting.

Disclaimer. This document provides an overview of the HOME online Application and is not all-inclusive or a re-iteration of all requirements. Updates to this manual will be available on the current funding round's webpage. Should an inconsistency be noted between the HOME rules/regulation and this document, the HOME rules/regulations shall prevail.