



Housing Department

# APPLICATION FORM

(EXHIBIT A)

August 31, 2018

## 1. REQUEST

CITY OF SAN JOSÉ FUNDS	Amount: \$
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APPLYING FOR COUNTY OF SANTA CLARA (OFFICE OF SUPPORTIVE HOUSING) FUNDING?  YES  NO

OFFICE OF SUPPORTIVE HOUSING FUNDS	Amount: \$
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## 2. SPONSER INFORMATION

SPONSER NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME AND TITLE OF PRINCIPAL \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

TYPE OF ORGNIZATION (select one)    NONPROFIT     FOR-PROFIT

## 3. DEVELOPMENT AND PROJECT MANAGEMENT CONTACT INFORMATION

BORROWING ENTITY (e.g., limited partnership) \_\_\_\_\_

BORROWING ENTITY CONTACT \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

PROJECT MANAGEMENT ENTITY \_\_\_\_\_

DEVELOPMENT ENTITY CONTACT \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

#### 4. PROJECT INFORMATION

PROJECT NAME \_\_\_\_\_

PROJECT ADDRESS/LOCATION, CITY \_\_\_\_\_

COUNCIL DISTRICT \_\_\_\_\_ ASSESSOR PARCEL NUMBER(s) \_\_\_\_\_

CENSUS TRACT \_\_\_\_\_ POVERTY RATE \_\_\_\_\_

**PROJECT SUMMARY**

A) Number of Units	
B) Project Target Population	
C) Number of Residential Buildings	
D) Number of Stories	
E) Number of Parking Spaces (Resident and Guest)	
F) Parking Type (podium, surface, etc.)	
G) Parcel Size (sq. ft.)	
H) Net Rentable Residential Floor Area (sq. ft.)	
I) Community Room(s) Floor Area	
J) Number of Elevators	
K) Commercial Space & Uses	
L) Other (specify)	

8) Attach a descriptive summary of the project, including a list and description of features meeting threshold and scoring requirements.

9) Architectural Plans – Attach a conceptual design of the proposed project, if available, including the site layout, floor plans, and unit plans.

10) Provide photos of the existing site as well as a rendering of the proposed project.

## 5. SITE INFORMATION

### 1) SITE CONTROL AND ACQUISITION:

- a) What is the form of Site Control (e.g., purchase and sale agreement, purchase option, grant deed)? Attach the Site Control document.

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- b) What is the purchase price of the land and how was it determined? For proposed third-party leaseholds, indicate the amount of the annual lease payment and the basis for determining that amount.

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- c) What is the appraised value of the site? Briefly describe the type of valuation cited.

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### 3) SITE CONDITIONS:

- a) Please provide a summary of the Phase I Report/Phase II Report/Remediation Plan, as applicable.
- b) Please describe site conditions, especially any unusual or challenging conditions.

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## 6. DEVELOPMENT AND REQUEST INFORMATION

### 1) TARGET POPULATION

Target Populations	Total Number of Units
i. Chronically homeless	
ii. Currently homeless	
iii. Youth transitioning out of foster care (TAY)	
iv. Those at-risk of being homeless	
v. Formerly Homeless	
vi. Persons with disabilities	
vii. Persons aged 55 and over	
viii. Large families	
ix) Number of units for which project based vouchers are being sought	

4) UNIT MIX

AMI Level	Unit Size					
	SRO	0-BD	1-BD	2-BD	3-BD	4-BD
80% AMI						
60% AMI						
50% AMI						
40% AMI						
30%AMI						
OTHER AMI (please define)						
Manager Units						
TOTAL						

6) UTILITIES AND APPLIANCE INFORMATION

	Utility Type		Paid By	
	Gas	Electric	Owner	Tenant
a) Heating				
b) Cooking				
c) Water Heating				
d) Other Electric				
e) Water				
f) Sewer				
g) Trash Collection				
h) Air Conditioning				
i) Refrigerator				
j) Range/ Microwave				
k) Other				

## 7. PROJECT READINESS AND TIMELINES

### 1) PROJECT READINESS

TCAC Application Date (select one)     6 months     12 months     18 months

Project Readiness Requirements	Yes	No	Date (mm/yyyy) If applicable
<b>a)</b> Does the applicant own the property or have site control? (Site control means that the proposer has obtained an enforceable right to use a parcel of land for the proposed development prior to the submission of the proposal. This right may consist of fee title, ground lease, or an enforceable option). If “yes”, provide date when the proposer obtained site control.			
<b>b)</b> Is the project currently entitled for development? If “yes”, provide date when the land use entitlement was obtained and provide evidence. If “no,” at what date are entitlements expected?			
<b>c)</b> Does the applicant have demonstrated capacity to secure all necessary funding for development within 6, 12 or 18 months of the selection date (This includes PBV allocation)? If “yes”, provide date when the applicant will obtain all necessary funding for development (if applicable).			
<b>d)</b> Has the project met the CEQA environmental review requirements? If “yes”, provide date when CEQA study/review was completed and provide letter from the Responsible Entity completing the study. If “no,” provide the date on which this CEQA clearance will be obtained.			
<b>e)</b> Has the project met the NEPA environmental review requirements? If “yes”, provide date when NEPA study/review was completed and provide letter from the Responsible Entity completing the study.			
<b>f)</b> Will the project have its entitlements and environmental clearances (CEQA/NEPA) within two months prior to its readiness category deadline.			

### 2) CONSTRUCTION AND OCCUPANCY DATES

Estimated Dates	Date (mm/yyyy)
a) Estimated Date of Construction Start	
b) Estimated Date of Construction Completion	
c) Estimated Date of Occupancy	

## 8. PROJECT BUDGET AND FINANCIAL INFORMATION

- 1) Attach a narrative description of the project cost and financing plan, including total project cost, all committed sources, all anticipated sources and the status.
- 2) Attach a detailed estimate of anticipated project construction costs reviewed by a general construction contractor deemed reasonably qualified to construct the project.
- 3) Attach a completed **CSJ PROFORMA (Green Cells) Exhibit D** including thirty (30)-year operating period pro forma cash flow analysis presenting anticipated initial rents for all units, both unassisted and anticipated to be assisted through PBV. Fill out all tabs:
  1. Project Summary
  2. Project Timing
  3. Development Sources for Residential Costs
  4. Development Costs and Eligible Basis
  5. Unit Mix and Rent Structure
  6. Operating Income and Expenses
- 4) Attach letters of other financial commitment (or conditional commitments), if available.
- 5) Attach audited Financial Statements of Applicant (two years) signed by Applicant or certified by CPA (Partnerships: please include for general partner), with needed explanations.

## 9. DEVELOPMENT TEAM EXPERIENCE

### 1) Development Team

- a) Managing General Partner/other General Partner \_\_\_\_\_
- b) Architect \_\_\_\_\_
- c) General Contractor \_\_\_\_\_
- d) Financial Development Consultant \_\_\_\_\_
- e) Attorney \_\_\_\_\_
- f) Management Company \_\_\_\_\_
- g) Service Provider (if applicable) \_\_\_\_\_

2) Briefly describe the Development Team’s experience in developing and managing affordable housing of similar physical type and resident population. Focus on the controlling entities in the partnership, their roles in development and on-going project oversight, and the management company. Please be sure the description, or Proposal attachments, include the following information:

- a) Number of restricted affordable projects, that the Sponsor/General Partner has developed (Provide a project list)
- b) Number of restricted affordable projects that Management Company is currently managing

## 10. SUPPORTIVE SERVICES

- 1) Will supportive services be provided? \_\_\_ Yes \_\_\_ No If “Yes”, provide information requested in items 2 and 3.
- 2) Submit a draft Supportive Services Plan, with the elements described the City’s Underwriting Guidelines.

Please ensure that the Supportive Services Plan includes the following information:

- a) Name of the proposed service provider
- b) Description of specific services to be provided
- c) Location where services will be provided
- d) How residents will access services
- e) Frequency and length of time services will be provided
- f) Any monitoring of resident use of services
- g) Any cost to residents
- h) Source of funding for services, and
- i) If subsidized, length of subsidy agreement
- j) Provide a food services plan
- k) Description of the role of the resident services coordinator

## 11. AFFORDABLE HOUSING DISPERSION

If the proposed development is located in a census tract where the poverty rate is 20% or greater, you must demonstrate at least two of the following in your application (attach supporting documents):

- 1) Provide evidence that the neighborhood shows signs of revitalization, through indicators such as declining census tract poverty rates, low or declining violent crime rates or evidence of increased educational opportunities (educational opportunity includes adult education, vocational school, state or community college)
- 2) Demonstrate that New market-rate residence have been/are being developed in the same census tract where the proposed development will be located and it is likely that those units will positively impact the poverty rate in the area.
- 3) Demonstrate a revitalization in the neighborhood by which there is high private and public investment in retail or commercial that is already occurring or will imminently occur in the area, as economic advancement opportunities include retail and other business offering entry-level job opportunities.

## 12. PROPERTY MANAGEMENT

1) Briefly describe how the property will be managed, including the number of staff, on-site presence, and management office hours.

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2) Attach a copy of the property management plan including, but not limited to, grievance/appeals process, tenant participation provisions, community rules, emergency procedures, and tenant selection criteria.

## 13. DEBARRED STATEMENT

1) Has this firm, or any principal(s) ever been debarred from providing any services by the Federal Government, any state government, the State of California, or any local government agency within or without the State of California?

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2) If "Yes," please attach a full detailed explanation, including dates, circumstances and current status.

## 14. DISCLOSURE STATEMENT

1) Does this firm or any principals thereof have any current, past personal or professional relationship with any Commissioner or Officer City of San Jose or County of Santa Clara?

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2) If "Yes," please attach a full detailed explanation, including dates, circumstances and current status.

## 15. NON-DISCLOSURE STATEMENT

The undersigned party submitting this proposal hereby certifies that such proposal is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation; that the Proposal is genuine and not collusive or sham; that the Proposer has not directly or indirectly induced or solicited any other Proposer to put in a false or sham NOFA, and has not directly or indirectly colluded, conspired, connived, or agreed with any Proposer or anyone else to put in a sham NOFA, or that anyone shall refrain from proposing; that the Proposer has not in any manner, directly or indirectly sought by agreement, communication or conference with anyone to fix the NOFA cost of the Proposer or any other Proposer, or to fix any overhead, profit, or cost element of the NOFA or of that of any Proposer, or to secure any advantage against the public body awarding the contract of anyone interested in the proposed contract; that all statements contained in the NOFA are true; and further, that the Proposer has not, directly or indirectly, submitted his/her NOFA price or any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, or paid, and will not pay any fee to any corporation, partnership, company, association, organization, NOFA depository, or to any member or agent thereof, to effectuate a collusive or sham NOFA.



## 16. VERIFICATION OF STATEMENT

The undersigned applicant hereby states that by completing and submitting this form he/she is verifying that all information provided herein is, to the best of his/her knowledge, true and accurate, and agrees that if the City of San Jose discovers that any information entered herein is false, that the City of San Jose shall be entitled to not consider nor make award or to cancel any award with the undersigned party.

I, the undersigned, hereby certify that I have read and understand this Application and Verification of Statement, that I am authorized to submit this proposal on behalf of the Applicant, and I guarantee complete compliance with all the terms, conditions and stipulations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title