



SOUTH DAKOTA HOUSING **OPPORTUNITY** FUND

**RENTAL HOUSING
APPLICATION FORM**



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**SOUTH DAKOTA
HOUSING OPPORTUNITY FUND (HOF)
RENTAL HOUSING APPLICATION**

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EXHIBITS

- A. Development Team Experience
- B. Project Rehabilitation Checklist
- C. Application Submission Checklist



Equal Employment Opportunity

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

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

**SOUTH DAKOTA
HOUSING OPPORTUNITY FUND (HOF)
RENTAL HOUSING APPLICATION**

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

I. GENERAL PROJECT

- A. Project Name: _____
Site Address(es): _____
City: _____ County: _____ Zip Code: _____
- B. Amount of HOF funding Requested: \$ _____
Loan amount \$ _____ Grant amount \$ _____

II. APPLICANT AND OWNER

The Owner must be a legal entity that can be bound to future commitments.

- A. Applicant: _____
Applicant Federal Taxpayer ID No. _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Contact Person: _____
Phone No. _____ Fax No. _____
E-Mail Address: _____
- B. Contact Person During Application Process: (if different from the applicant)
Contact Person: _____
Company: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone No. _____ Fax No. _____
E-Mail Address: _____
- C. Owner: _____
Owner Federal Taxpayer ID No. _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Contact Person: _____
Phone No. _____ Fax No. _____
E-Mail Address: _____

D. If the Applicant is the Project Developer who will not retain ownership, briefly describe the planned process and timing for disposition of this project from Applicant to Owner.

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

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

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

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

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

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

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

In other states? No _____ Yes _____
If yes, which states and when _____

J. Development Team
Do any members of the development team, as listed on Exhibit A, or ownership entity have any direct or indirect, financial or other interest with any of the other project team members (including owner's interest in the construction company or subcontractors used)? No _____ Yes _____

If yes, provide a description of the relationship. _____

III. PROJECT CHARACTERISTICS

A. Building Type

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

B. Project Type (End Use)

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

C. Type of Units

- | | | | | | | | |
|-------|-----------------------|-------|-----------|-------|---------------|-------|-------|
| _____ | Apartments | _____ | Townhomes | _____ | Single Family | _____ | Other |
| _____ | Single Room Occupancy | | | | | | |

D. Targeting of Units (Indicate type and % of units)

- | | | | |
|-------|--|-------|---|
| _____ | Families with Children | _____ | Persons with physical disabilities |
| _____ | Housing for Older Persons (55+) | _____ | Persons with mental disabilities |
| _____ | Housing for Older Persons (62+) | _____ | Persons with developmental disabilities |
| _____ | Frail Elderly (Assisted Living or Congregate Facility) | _____ | Homeless |
| _____ | Other _____ | | |

- E. Will support services be provided to the tenants? _____ Yes _____ No
If Yes, are they included in the rent? _____ Yes _____ No

Provide a description of the service(s) or special accommodations and letter of intent from service agencies, if applicable.

IV. FINANCIAL FEASIBILITY PROJECTIONS

Provide a projection of cash flow (Pro forma) using the income stated in Section 2 and expense figures stated in Section 3 for the entire mortgage period. This Pro forma will be calculated using the following prescribed method: Potential Gross Income less Vacancy Loss equals Effective Gross Income, less Operating Expenses equals Net Operating Income, less Debt Service equals Cash Flow. Project the cash flow annually.

Annual vacancy rate at 7%.

Trend annual increase in income at 2%

Trend annual increase in expenses at 3%.

For replacement reserves a minimum of \$400 per unit (including managers unit(s)), per year and trended at 3% annually.

PROVIDE SAME CASH FLOW INFORMATION SEPARATELY FOR ANY COMMERCIAL SPACE

1. TENANT PAID UTILITY ALLOWANCE INFORMATION

Indicate which of the following type (electric, gas, etc.) and costs (if any) paid by the Tenant (T) or Owner (O) by bedroom size:

	Type	Paid By	Bedroom	Bedroom	Bedroom
Heating	_____	_____	_____	_____	_____
Air Conditioning	_____	_____	_____	_____	_____
Cooking	_____	_____	_____	_____	_____
Lighting	_____	_____	_____	_____	_____
Hot Water	_____	_____	_____	_____	_____
Water/Sewer	_____	_____	_____	_____	_____
Trash	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____
Total Cost			_____	_____	_____

Source of Utility Allowance: Utility Company _____ Public Housing Authority _____ Other _____

Effective Date: _____

Please attach documentation of utility allowance

Rental Units

Bdrm. Size	No. of Units (A)	Sq. Ft. Per Unit (B)	Total Sq. Ft. Per Unit = (A)*(B)	Gross Monthly Rent Per Unit (C)	Tenant Paid Utility (D)	Net Monthly Rent Per Unit (E) = (C)-(D)	Total Net Monthly Rent = (A)*(E)	% AMI for HOF or Market Tenant
Totals		XXXXXXXX		XXXXXXX	XXXXXXX	XXXXXXXXXX		XXXXXXXXXXXX

Employee Units

Bdrm. Size	No. of Units (A)	Sq. Ft. Per Unit (B)	Total Sq. Ft. Per Unit = (A)*(B)	Gross Monthly Rent Per Unit (C)	Tenant Paid Utility (D)	Net Monthly Rent Per Unit (E) = (C)-(D)	Total Net Monthly Rent = (A)*(E)
Totals		XXXXXXXX		XXXXXXX	XXXXXXX	XXXXXXXXXX	

2. PROJECT INCOME

TOTAL NET MONTHLY TENANT PAID RENT FOR ALL UNITS \$ _____
Miscellaneous **MONTHLY** Income Related to Residential Use (vending, laundry, late fees, etc...):

_____ \$ _____

_____ \$ _____

TOTAL MISCELLANEOUS MONTHLY INCOME \$ _____

TOTAL ANNUAL MISCELLANEOUS RESIDENTIAL INCOME \$ _____
(Total Miscellaneous Monthly Income *12)

TOTAL ANNUAL NET TENANT PAID RENT FOR ALL UNITS \$ _____
(Total Net Monthly Tenant Paid Rent *12)

TOTAL ANNUAL INCOME
(NET TENANT PAID RENT + MISCELLANEOUS) \$ _____

TOTAL PROJECT INCOME \$ _____

Vacancy Allowance=7% \$ _____

3. ANNUAL OPERATING EXPENSES (Estimated as of the **end** of the first full year of operation); with copies of supporting documentation provided. **All** residential expenses must be broken out by line item. Category totals only **will not** be accepted.

ADMINISTRATIVE EXPENSES

Advertising \$ _____

Accounting/Audit _____

Legal/Partnership _____

Management Fee _____

Management Salaries/Taxes _____

Office Supplies/Telephone _____

Other (specify) _____

TOTAL ADMINISTRATION EXPENSES \$ _____

MAINTENANCE EXPENSES

Painting/Decorating/Cleaning \$ _____

Elevator _____

Exterminating _____

Grounds (Inc. Snow Removal) _____

Maintenance Salaries/Taxes _____

Maintenance Supplies _____

Repairs _____

Other (specify) _____

TOTAL MAINTENANCE EXPENSES \$ _____

OPERATING EXPENSES

Fuel Oil \$ _____
Electrical _____
Natural Gas or Propane _____
Water & Sewer _____
Trash Removal _____
Other (specify) _____

TOTAL OPERATING EXPENSES \$ _____

FIXED EXPENSES

Real Estate Taxes \$ _____
In Lieu of Taxes _____
Insurance _____
Other Taxes, Fees, Licenses _____
Other (specify) _____

TOTAL FIXED EXPENSES \$ _____

TOTAL ANNUAL OPERATING EXPENSE \$ _____

ANNUAL OPERATING EXPENSE PER UNIT \$ _____

ANNUAL REPLACEMENT RESERVES PER UNIT \$ _____

NUMBER OF UNITS: _____ \$ _____

TOTAL ANNUAL OPERATING EXPENSES WITH RESERVES \$ _____

V. SITE INFORMATION

- A. Applicant controls site by (select one and attach document):*
- | | |
|---|---|
| _____ Deed - attached | _____ Option - attached (expiration date _____) |
| _____ Purchase Contract - attached
(expiration date _____) | _____ Long term Lease - attached
(expiration date _____) |
| _____ Other – attached | |

*If more than one site for the project and more than one expected date of acquisition by Owner, please indicate and attach separate sheet specifying each site, number of existing buildings on the site, if any, and type of control for each site.

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

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

- D. Is site properly zoned? _____ Yes _____ No **If yes, include evidence of proper zoning.**

If no, is site currently in the zoning process? _____ Yes _____ No

Provide details (including the month and year to be resolved): _____

E. Are all utilities presently available to the site? _____ Yes _____ No

If yes, include evidence of utility availability. If no, provide explanation, including dates, when all utilities will be available. _____

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

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

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

I. Are there any environmental issues related to the property? _____ Yes _____ No

If yes, describe: _____

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

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

1. North: _____

2. South: _____

3. East: _____

4. West: _____

VI. ACQUISITION/REHABILITATION

A. Acquisition

Are HOF Funds being requested for acquisition of existing buildings?

_____ Yes _____ No If no, go on to Rehabilitation.

1. Buildings acquired or to be acquired from:
_____ related party _____ unrelated party

2. The year the buildings were originally placed in service: _____

Are the buildings currently vacant? _____ Yes _____ No

The buildings were last occupied when? _____ (Month/Year)

Addresses for the buildings being acquired: _____

B. Rehabilitation

Is the property in good to excellent condition? _____ Yes _____ No
 Has any maintenance been deferred? _____ Yes _____ No

1. Historic Properties

- a. Is this building in a historic district or designated a historic building? _____ Yes _____ No
- b. Year built: _____
- c. Please attach:
 - 1. Photographs of the building. The photos should show all four exterior sides of the building and the inside of a typical unit.
 - 2. Description of what type of exterior rehabilitation is necessary.
 - 3. Description, by apartment unit, of what type of rehabilitation is necessary for the interior.
 - 4. Description of condition and age of major building systems (ie: roof, heating, cooling, plumbing, electrical).

VII. PROJECT FINANCING (SOURCES OF FUNDS)

A. Financing

List all sources of funds, including grants and equity, and provide documentation of same. If the applicant plans to finance part or all of the project out of its own resources, the applicant must prove to SDHDA's satisfaction that such resources are available and committed solely for this purpose. Any owner equity contributions or deferred fees should also be listed below if the funds will provide a source of financing.

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

(Please include commercial space on a separate sheet.)

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

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

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

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

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

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

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

VIII. PROJECT COSTS AND USES

List all project costs (but excluding commercial). **(Specify what ALL "other" costs are)**

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

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

IX. PROJECT TIMETABLE

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

Actual or Scheduled Month/Year	Activity
_____	<u>Site</u>
_____	Acquisition
_____	Zoning / Plat Approval
_____	Tax Abatement
_____	Environmental Review Completed
_____	<u>Local Permits</u>
_____	Conditional Use Permit
_____	Variance
_____	Site Plan Review
_____	Building Permit
_____	Other (specify) _____
_____	<u>Other</u>
_____	Final Plans/Specs
_____	Closing and Disbursement of Construction Financing
_____	Construction Start
_____	Construction Completion
_____	Closing and Disbursement of Permanent Financing
_____	Placed in Service
_____	Occupancy of all Units

X. APPLICANT CERTIFICATION

The undersigned hereby acknowledges the following:

1. That this application form and all Exhibits, provided by SDHDA to applicants for HOF funds, including all sections herein relative to project costs, operating costs, and determinations of the amount of HOF funds necessary to make the project financially feasible, is provided only for the convenience of SDHDA in reviewing applications; that completion hereof in no way guarantees HOF funds;
2. that the undersigned is responsible for ensuring that the proposed project will, in all respects, satisfy all applicable requirements of the HOF Program and any other requirements imposed upon it by SDHDA at the time of conditional commitment, should one be issued;
3. that SDHDA may request or require changes in the information submitted herewith, and may substitute actual figures for any estimated figures provided therein by the undersigned and may conditionally commit HOF funds, if any, in an amount different from the amount requested;
4. that conditional commitments are not transferable without prior approval by SDHDA;

5. that the requirements for applying for the HOF funds and the terms of any conditional commitment thereof is subject to change at any time by state law, SDHDA regulation, or other binding authority; and
6. that conditional commitments will be subject to certain conditions to be satisfied prior to loan closing.

Further, the undersigned hereby certifies the following:

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

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

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

Legal Name of Applicant

Signature

Title

Date

**EXHIBIT A
DEVELOPMENT TEAM EXPERIENCE**

PROJECT NAME: _____

Site Address: _____

City: _____ State: _____ Zip Code: _____

1. NAME OF CONTRACTOR: _____

Entity Type: _____ Federal Tax Identification No. _____

Mailing Address: _____ State: _____ Zip Code: _____

Phone No. _____ Fax No. _____

Contact Person: _____ E-Mail: _____

2. NAME OF ARCHITECT: _____

Entity Type: _____ Federal Tax Identification No. _____

Mailing Address: _____ State: _____ Zip Code: _____

Phone No. _____ Fax No. _____

Contact Person: _____ E-Mail: _____

3. NAME OF CONSULTANT: _____

Entity Type: _____ Federal Tax Identification No. _____

Mailing Address: _____ State: _____ Zip Code: _____

Phone No. _____ Fax No. _____

Contact Person: _____ E-Mail: _____

4. NAME OF MANAGEMENT COMPANY: _____

Entity Type: _____ Federal Tax Identification No. _____

Mailing Address: _____ State: _____ Zip Code: _____

Phone No. _____ Fax No. _____

Contact Person: _____ E-Mail: _____

EXHIBIT B
PROJECT REHABILITATION CHECKLIST

Projects involving rehabilitation must attach a description of the work to be completed. The description must list rehabilitation costs for the exterior and for the interior by apartment unit. Please indicate the following items that are included in the scope of the rehabilitation:

Exterior Work

- _____ Foundation
- _____ Porches
- _____ Steps, Stairs
- _____ Roof
- _____ Gutter, Drain
- _____ Windows
- _____ Doors
- _____ Siding
- _____ Paint
- _____ Sidewalk
- _____ Parking Lot
- _____ Masonry
- _____ Landscaping

Interior Work

- _____ Basement
- _____ Hallways
- _____ Ceilings
- _____ Walls
- _____ Electrical
- _____ Heating
- _____ Plumbing
- _____ Paint
- _____ Flooring
- _____ Cabinetry
- _____ Doors
- _____ Light Fixtures
- _____ Air Conditioning Units
- _____ Appliances
- _____ Window Coverings

**EXHIBIT C
APPLICATION SUBMISSION CHECKLIST**

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

Submission Item	Enclosed
1. Completed and signed Application form	_____
2. Local Housing Needs / Market Study	_____
3. Project Narrative (including type of activity, amenities, income targeting)	_____
4. Letters of Local Support	_____
5. Utility Allowance Calculation and Documentation	_____
6. Pro forma - minimum of 15 years	_____
7. Documentation of Operating Expenses	_____
8. Site Control	_____
9. Architectural plans – site, floor and unit plans	_____
10. Zoning letter and project plat	_____
11. Letter of notification to local housing authority (PHA)	_____
12. Applicant/Owner information including recent personal/corporate financials, as applicable	_____
13. Following items must be submitted for points, as applicable - please refer to the HOF Allocation Plan for more information	
• Completed Exhibit 3 – Project Characteristics	_____
• Documentation of local support	_____
• Service provider letters	_____
• Specified financing terms	_____
14. Documentation of construction/permanent financing	_____
15. Acq./rehab projects:	
• Relocation plan and budget	_____
• Detailed rehabilitation list	_____
• Three years historical financials	_____
• Tenant rent roll	_____
16. Availability of utility service	_____
17. Lease purchase management plan, if applicable	_____
18. Copy of Consultant Agreement	_____
19. Any other information requested by SDHDA	_____