THE NORTH CAROLINA HOUSING FINANCE AGENCY

###

Rental Preservation Loan Program

2024 Initial Funding Cycle

***Application***

***part 1***

*Please read the 2024 RPLP Application Instructions and Program & Underwriting Guidelines*

*before completing the Application Part 1 and Part 2*



**RENTAL PRESERVATION LOAN PROGRAM (RPLP) APPLICATION INSTRUCTIONS**

* After the Project Description and Questionnaire Form has been submitted and reviewed, Agency staff will send a notice to proceed with full application or a notice of failure to meet threshold requirements. If a notice to proceed with full application is received, applicant must complete the full 2024 RPLP Application Part 1 and Part 2, by the March 25, 2024 deadline.
* There are two parts to the full application:
	+ Part 1 includes a narrative, project description, and up to eleven exhibits. The Agency file size limit per file is 100 MB.
	+ Part 2 includes the development budget, sources of funds, income/expenses, and pro forma.
* Full applications are due by **March 25, 2024 at 5:00 PM** and must be submitted by emailto RPLP@nchfa.com. Please use the following subject line: “RPLP Application – [Property Name]”.
* Additional instructions include:
	+ If a single owner/applicant is submitting more than one application for consideration, each property’s application must be submitted as a distinct, separate email.
	+ Timing of submission will be determined by the date and time receipt of the email to NCHFA.
	+ For Part 1 of the application, all text boxes and tables can be expanded by the applicant, as and if needed.
	+ For Part 2 of the application, applicants should only edit fields that are highlighted in orange. All other fields will be locked for editing.
	+ Both Application Part 1 and Part 2 – and all required exhibits – must be submitted to have a complete application. Failure to include any required materials and/or the naming convention described in Part 1 for the exhibits is grounds for rejection of the application.
	+ Please be sure to add the Project Name to the top of each page in Part 1.
* Clarification to Section 1.14 Loan Underwriting Requirements (RPLP Program Guidelines): Projects that cannot maintain Minimum Cash-Flow will be evaluated by the Agency during underwriting for the addition of either a capitalized operating reserve and/or an operating deficit reserve payment plan to help meet the Minimum Cash-Flow requirements. The Agency, in its sole discretion, will size any required capitalized operating reserve and/or an operating deficit reserve payment plan.

**Section 1. APPLICANT/OWNER INFORMATION**

1. **Date:**

|  |
| --- |
|       |

1. **Amount of RPLP Funding Request.** Please note that this amount can be adjusted during underwriting and during evaluation of the scope of work:

|  |
| --- |
|       |

1. **Applicant/Owner/Information**

|  |  |
| --- | --- |
| Organization Name |       |
| Address |       |
| City |       |
| State |       |
| Zip Code |       |

|  |  |
| --- | --- |
| Federal Taxpayer ID Number |       |

|  |  |
| --- | --- |
| Contact Person |       |
| Title |       |
| Telephone |       |
| Fax |       |
| Email |       |

|  |  |
| --- | --- |
| What entity will own the project (same as applicant or another entity owner)? |       |

**Person authorized to negotiate and sign legal contracts for the organization**

|  |  |
| --- | --- |
| Name |       |
| Title |       |
| Address |       |
| City |       |
| State |       |
| Zip Code |       |
| Telephone |       |
| Fax |       |
| Email |       |

1. **Type of Organization**

|  |  |
| --- | --- |
|        | Local Government |
|       | Public Housing Authority (PHA) |
|       | Nonprofit Organization |
|        | * Date of IRS 501(c)(3) determination letter
 |
|        | For-profit Organization |

Regardless of organization type, attach evidence (e.g., a screenshot) of a current, valid registration with the federal System for Awards Management (SAM.gov) (<https://www.sam.gov/portal/SAM>) for all applicants, borrowers, borrowing entity principals and General Contractors. Use the following nomenclature:

* ***Exhibit 1*** *– SAM – Organization Name - Project Name*

Provide a brief description of the Applicant organization, including members and partners, as applicable. (Text boxes will expand as text is entered.)

|  |
| --- |
|       |

1. **Administrative Restrictions**

Has the Applicant organization received an unsatisfactory rating on a publicly funded project or been debarred for any period of time?

      Yes       No

Has the Applicant organization been involved in any lawsuit?

      Yes       No

Are there any outstanding judgments against the Applicant organization?

      Yes       No

Has the Applicant organization been involved in mortgage default within the last 5 years on any federally or state funded project?

      Yes       No

If any of the above responses was “Yes”, provide a short explanation (text boxes will expand as text is entered):

|  |
| --- |
|       |

1. **Project Development Team**

Provide the following information about the project development team.

**Primary Project Contact:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |       | Phone |       |
| Email |       |  |  |

**Application/Project Consultant (if any):**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |       | Phone |       |
| Email |       |  |  |

**Architect:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |       | Phone |       |
| Email |       |  |  |

**General Contractor:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |       | Phone |       |
| Email |       |  |  |

**Property Management Company:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |       | Phone |       |
| Email |       |  |  |

**Closing Attorney:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |       | Phone |       |
| Email |       |  |  |

**CPA:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |       | Phone |       |
| Email |       |  |  |

**Other:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |       | Phone |       |
| Email |       |  |  |

1. **Development Team Experience**

Attach as ***Exhibit 2*** a description of the rental housing development experience of the project team to successfully undertake the proposed renovation. Use the following nomenclature:

* *Exhibit 2 - Dev Exp - Project Name*

At a minimum, include the following as applicable:

* + Name, license status (if required by the state), brief summary of previous experience working on similar rehabilitation projects, especially, those financed by NCHFA, for:
		- Project Owner/Developer
		- Application/Project Consultant, if any
		- Project Architect
		- Project Contractor(s)
		- Project Property Management Company
			* Because the rehab may be financed using federal funds, include the Property Management Company experience managing affordable rental housing that is regulated by HUD, NCHFA, USDA-RD, or other equivalent program, as approved by NCHFA, within the last 7 years.

**Section 2. PROJECT INFORMATION**

1. **Project Name and Address**

|  |  |
| --- | --- |
| Project Name |       |
| Address |       |
| City |       |
| Zip Code |       |
| County |       |

1. **Income and Population Restrictions –** Please enter the *appropriate* unit information that best describes your project. Not all blanks need to be completed. Please note that actual unit requirements will be set upon completion of underwriting**.** (Add more lines to the table, if needed)

|  |  |  |  |
| --- | --- | --- | --- |
| **Income Restrictions** | **Current Unit Restrictions (#)** | **AMI for Current Households (#)** | **Proposed Unit Restrictions (#)** |
| <=30% AMI |       |       |       |
| 31-50% AMI |       |       |       |
| 51-60% AMI |       |       |       |
| 61-80% AMI |       |       |       |
| >80% AMI |       |       |       |
| Employee Units |       |       |       |
| Total Units |       |       |       |

**Please list any other regulatory requirements not related to income and rents (e.g., population restrictions as imposed by other regulatory entities) for units in the property.** (Add more lines to the table, if needed)

|  |  |  |
| --- | --- | --- |
| **Other Regulatory Requirements** | **Current Unit Restrictions (#)** | **Proposed Unit Restrictions (#)** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

1. **Narrative Description of Project**

Please briefly describe the renovation/rehabilitation proposed, including interior and exterior rehabilitation, accessibility, additional rehabilitation needs not addressed by proposed rehabilitation, etc. (Text boxes will expand as text is entered):

|  |
| --- |
|       |

Describe any existing critical building components that are likely to need replacement or substantial repair, as well as health and safety issues addressed in the rehabilitation scope of work. (Text boxes will expand as text is entered.)

|  |
| --- |
|       |

1. **In addition, please provide a narrative description of the project’s profile that includes the following** (text boxes will expand as text is entered):
	1. Is the property currently vacant or is it occupied?
	2. If occupied, do you anticipate displacement of tenants to be required because of rehabilitation? How long do you estimate displacement will last?

|  |
| --- |
|       |

1. **Estimated Period of Construction**

|  |  |
| --- | --- |
| Construction Start Date |       |
| Construction Completion Date |       |

1. **Full Project Time Table**

 Attach as ***Exhibit 3*** the Time Table from project start to end, using the following

 nomenclature:

* *Exhibit 3 – Time Table - Project Name*
1. **Additional Information on Housing Units, Buildings, and Site:**
2. **Current Housing Unit Information.** Describe the current unit arrangement, rent, utilities, etc. (add more lines to the table, if needed)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unit Type (SRO\*, 1 bedroom, etc.) | # Units | # Accessibleunits | Avg. sq. ft. | $ Rent | Utility allowance\*\* |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

*\*SRO means Single Room Occupancy. Residents share a bathroom and/or kitchen. Studio Units and Efficiency Units have their own bathroom AND kitchen or kitchenette.*

*\*\*Methodology used to determine utility allowance      . Please note that applicants can use the preferred utility allowance provided by their local Public Housing Authority (PHA) or a current NCHFA-approved utility allowance.*

1. **Proposed Housing Unit Information.** Describe the proposed unit arrangement, rent, utilities, etc. (add more lines to the table, if needed)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unit Type (SRO\*, 1 bedroom, etc.) | # Units | # Accessibleunits | Avg. sq. ft. | $ Rent | Utility allowance\*\* |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

*\*SRO means Single Room Occupancy. Residents share a bathroom and/or kitchen. Studio Units and Efficiency Units have their own bathroom AND kitchen or kitchenette.*

*\*\*Methodology used to determine utility allowance      . Please note that applicants can use the preferred utility allowance provided by their local Public Housing Authority (PHA) or a current NCHFA-approved utility allowance.*

1. **Does the project have a Section 504 Plan?**

      Yes       No

If yes, attach as ***Exhibit 4*** the project’s most current Section 504 Plan using the following

nomenclature:

* *Exhibit 4 – Section 504 Plan - Project Name*
1. **Building Information** (add more lines if needed)

|  |  |  |
| --- | --- | --- |
|  | Number of Units | Gross Heated Square Feet |
| Building 1 |       |       |
| Building 2 |       |       |
| Building 3 |       |       |
| Building 4 |       |       |
| Totals |       |       |

1. **Audit**

Attach as ***Exhibit 5*** the two most recent fiscal year certified property-specific audits. Submit with the following nomenclature:

* *Exhibit 5 - Audited Financial - Project Name*
1. **Appraisal**

The Agency requires an appraisal by an independent qualified appraiser, furnished at full application for all development proposals. The appraisal must meet all criteria outlined in the RPLP Program and Underwriting Guidelines Section 1.14. Attach as ***Exhibit 6*** using the following nomenclature:

* *Exhibit 6 – Appraisal - Project Name*

**Section 3. DETAILED PROPERTY INFORMATION**

**General Information:**

1. When was the property built and completed?

|  |
| --- |
|       |

1. Is the property designated as family or senior housing?

|  |
| --- |
|       |

1. What on-site amenities (playground, tot lot, picnic shelter, gazebo, etc.) are available on the property? Briefly describe where these amenities are located.

|  |
| --- |
|       |

1. How many fully accessible / handicapped units\* are currently on site?

|  |
| --- |
|       |

 \*Includes roll-in shower, grab bars, and wider doors

1. Do residential units have their own clothes washer and dryer hookups?

|  |
| --- |
|       |

1. Are there any natural gas fixtures in residential units (e.g., mechanical systems, ranges, furnaces or water heaters)?

|  |
| --- |
|       |

**Property Site:**

1. Is there storm water ponding in parking lots, around building foundations or in unintended areas?

|  |
| --- |
|       |

1. When were the parking lots and driveways last serviced (overlay or seal coated)?

|  |
| --- |
|       |

1. Is there property fencing that shows signs of damage?

|  |
| --- |
|       |

1. Is property site lighting and/or building lighting available and adequate?

|  |
| --- |
|       |

**Building Exterior:**

1. Has the original roof(s) been replaced? If so, when were the roofs replaced?

|  |
| --- |
|       |

1. Has the original siding been replaced? If so, what year were they replaced?

|  |
| --- |
|       |

1. Have the original windows been replaced? If so, what year were they replace?

|  |
| --- |
|       |

1. What is the efficiency value of attic insulation in existing buildings?

|  |
| --- |
|       |

1. Is there standing water under any buildings with crawl spaces?

|  |
| --- |
|       |

1. Are there any structural issues visible inside or outside the residential buildings?

|  |
| --- |
|       |

**Plumbing:**

1. Has there been a history of water leaks in the apartments/buildings? If so, what is/was the cause?

|  |
| --- |
|       |

1. Has there been a history of sewage leaks or backups into occupied buildings?

|  |
| --- |
|       |

1. Does the property have cast iron sewer lines in buildings or underground?

|  |
| --- |
|       |

1. Does the property have polybutylene (“Quest”) water piping in occupied buildings?

|  |
| --- |
|       |

1. Does the property have any lead pipes or lead in the plumbing’s solder?

|  |
| --- |
|       |

1. Has there been replacement of any original bathing fixtures?

|  |
| --- |
|       |

**Building Interiors:**

1. Has there been a large-scale effort for replacement of any original cabinets or vanities?

|  |
| --- |
|       |

1. Has there been a large-scale effort for replacement of any original lighting fixtures or ceiling fans?

|  |
| --- |
|       |

1. Has there been a large-scale effort for replacement of any appliances or building mechanical systems? If so, please specify.

|  |
| --- |
|       |

1. Is the current location of water heaters and HVAC mechanical equipment adequately sized for new (larger) replacement water heaters and mechanical equipment?

|  |
| --- |
|       |

**Electrical:**

1. Are there any Federal Pacific electrical house panels on this property?

|  |
| --- |
|       |

**Section 4. DETAILED REHABILITATION SCOPE OF WORK**

1. **Detailed Rehabilitation Scope:**

Attach a detailed rehabilitation scope of work as Exhibit 7. Please include information on the following:

* Provide a narrative description of current condition of structure(s)/unit(s).
* Provide a detailed rehabilitation scope of work, including any unit-specific rehabilitation, interior and exterior rehabilitation, site-related rehabilitation, common office area, accessibility, energy efficiency, how rehabilitation will be accomplished, etc.
* Describe additional rehabilitation needs not addressed by proposed rehabilitation.
* Describe any site amenities being added or removed as part of the rehabilitation scope of work.
* Describe any new electrical service that will be added as part of the rehabilitation scope of work (adding unit panel boxes, dehumidifiers, dishwashers, garbage disposals, conversion of appliances from gas to electric etc.).
* If available, include Scaled Site Plan showing proposed building footprint, driveways, sidewalks and parking areas.
* If available, include architectural unit plans and architectural building floorplans, identifying the location of units, common use areas and other spaces.

Attach as **Exhibit 7** using the following nomenclature:

* *Exhibit 7 – Rehabilitation Scope – Project Name*
1. **CNA/PNA –**

The Agency requires a CNA/PNA to substantiate the rehabilitation scope. The CNA/PNA must address all major systems and provide a unit-by-unit recommended plan of action – listing the system and providing a recommendation for either replacement, repair/upgrade, or no action needed. Additionally, the CNA/PNA must identify deferred maintenance items that need addressing. These items include floor coverings, paint, light fixtures, smoke detectors, appliances, etc. A sample CNA/PNA is attached as Appendix G of the RPLP Program and Underwriting Guidelines. For additional requirements pertaining to the CNA/PNA, please see the 2024 RPLP Program & Underwriting Guidelines.

Attach as Exhibit 8 using the following nomenclature:

* *Exhibit 8 – CNA – Project Name*
1. **Relocation Plan:**

The Uniform Relocation and Real Property Acquisition Policies Act of 1970 (URA) applies to acquisition activities and displacement (temporary or permanent). URA imposes requirements on HUD-assisted projects carried out by public agencies, nonprofit organizations, private developers or others; AND, real property acquisition for HUD-assisted projects (whether publicly or privately acquired) must adhere to URA-established provisions.

**RPLP projects that require relocation of tenants and/or businesses must develop a written relocation plan.** The plan should include, at a minimum, the following:

* Whether the relocation will be temporary (ability to return within one year) or permanent.
* If temporary:
	+ How long the relocation will typically last
	+ How much notice will be provided to move and return
	+ What constitutes an appropriate relocation unit
	+ Whose responsibility it is to identify a temporary unit
	+ What relocation assistance and benefits are available to the resident during the relocation period
	+ How much – if any – will be allowed for a meal allowance per person if the temporary unit has no cooking facilities.
	+ How payment will be disbursed
* If permanent:
	+ How much notice will be provided to move
	+ What relocation assistance and benefits are available to the resident during the relocation period
	+ How will payments be disbursed

Attach as Exhibit 9 using the following nomenclature:

* *Exhibit 9 – Relocation Plan – Project Name*
1. **Budget**

If a General Contractor budget for rehabilitation already exists, attach as ***Exhibit 10*** using the following nomenclature:

* *Exhibit 10 – GC Budget – Project Name*

**Section 5. FINANCING COMMITMENTS**

A letter of intent (LOI) is required as Exhibit 11 from any additional funding sources stating the funding award terms, including construction loans.

Attach as Exhibit 11 using the following nomenclature:

* *Exhibit 11 – Financing Commitments LOI – Project Name*

**SECTION 6. SIGNATURE OF AUTHORIZED OFFICIAL**

By signing below:

1. The Applicant certifies that the information provided in this application is true and complete.
2. The Applicant agrees that the Agency may conduct its own independent review of the information herein and the attachments, and may verify information from any source.
3. The applicant acknowledges that all applications submitted become the property of the Agency.
4. The applicant acknowledges that submission of an application does not guarantee funding. Any costs incurred to the issuance of a firm commitment letter by the Agency are the sole responsibility of the applicant.

|  |  |
| --- | --- |
| By: |       |

Signature of Authorized Individual

|  |  |
| --- | --- |
| Name |       |

|  |  |
| --- | --- |
| Title: |       |

|  |  |
| --- | --- |
| Date: |       |

**APPLICATION CHECKLIST – *follow nomenclature in italics***

**This completed checklist should be included with the Application Part 1**

Submit by email to RPLP@nchfa.com (subject should read “RPLP Application – [Property Name]”). If owner/applicant is submitting more than one application, each property’s application must be submitted as a distinct, separate email.

If an exhibit is too large to attach to an email, contact the RPLP team at the above email for assistance. This Checklist is for a *complete* application which includes Parts 1 and Part 2.

|  |  |
| --- | --- |
|       | Application Part 1 – Word *– RPLP App - Part 1 – Project Name*  |
|       | Application Part 2 – Excel *– RPLP App - Part 2 – Project Name* |
|       | Confirm Application is signed and dated by an authorized official  |

**EXHIBIT 1:**

|  |  |
| --- | --- |
|       | Evidence from SAM.org for all applicants, borrowers, borrowing entity principals and General Contractors*Exhibit 1 – SAM – Organization Name - Project Name*  |

**EXHIBIT 2:**

|  |  |
| --- | --- |
|       | Description of Applicant’s housing development team experience  *Exhibit 2 – Dev Exp – Project Name* |

**EXHIBIT 3:**

|  |  |
| --- | --- |
|       | Time table of rehabilitation *Exhibit 3 –Time Table – Project Name* |

**EXHIBIT 4:**

|  |  |
| --- | --- |
|       | Current Section 504 Plan, if applicable *Exhibit 4 – Section 504 Plan – Project Name* |

**EXHIBIT 5:**

|  |  |
| --- | --- |
|       | Two most current fiscal year audits along with any Management Letter(s) *Exhibit 5 – Audited Financial – Project Name* |

**EXHIBIT 6:**

|  |  |
| --- | --- |
|       | Property appraisal  *Exhibit 6 – Appraisal – Project Name* |

**EXHIBIT 7:**

|  |  |
| --- | --- |
|       | Detailed Rehabilitation Scope *Exhibit 7 – Rehabilitation Scope – Project Name*  |

**EXHIBIT 8:**

|  |  |
| --- | --- |
|       | CNA/PNA*Exhibit 8 – CNA – Project Name* |
|  |  |

**EXHIBIT 9:**

|  |  |
| --- | --- |
|       | Relocation Plan, if applicable *Exhibit 9 – Relocation Plan – Project Name* |

**EXHIBIT 10:**

|  |  |
| --- | --- |
|       | General contractor’s construction budget, if available *Exhibit 10 – GC Budget – Project Name* |

**EXHIBIT 11:**

|  |  |
| --- | --- |
|       | Evidence of any financing commitments pending or received *Exhibit 11 – Financing Commitments LOI – Project Name* |
|  |  |