

**ACOM POLICY 448, ATTACHMENT A,**  
**AHCCCS HOUSING APPLICATION FOR ACQUISITION AND/OR RENOVATION OR NEW**  
**CONSTRUCTION**

**ATTACHMENT A<sup>1</sup>**

✓	<b><u>INDICATE THE YPE OF PROJECT YOU ARE APPLYING FOR:</u></b>
	<b><u>ACQUISITION OF EXISTING HOUSING (NO RENOVATION NECESSARY).</u></b>
	<b><u>ACQUISITION OF EXISTING HOUSING WITH RENOVATION.</u></b>
	<b><u>RENOVATION OF EXISTING HOUSING (ACQUISITION FUNDING NOT REQUESTED).</u></b>
	<b><u>NEW CONSTRUCTION.</u></b>
	<b><u>SITE-SPECIFIC PRE-DEVELOPMENT LOAN.</u></b>

✓	<b><u>ITEMS INCLUDED:</u></b>
	Application is typewritten or computer generated.
	All Attachments/Appendices are clearly numbered and tabbed.

Submit:

- ~~One Hard copy of the application and all supporting documents with applicable the original signatures and onetwo full (12) electronic copy ies~~
- ~~Letter of Project description, review and acceptance of contractor's request directly to (as agreed on with ADHS/BHS) ↓:~~

~~**Charlotte Grant Cobb,** Deputy Director of Programs  
Arizona Department of Housing  
1700 West Washington, Suite 210  
Phoenix, Arizona 85007~~

~~**Letter of Review and Acceptance will be routed by ADOH to ↓:**  
**Brenda Robbins,**~~

~~**-HOUSING ADMINISTRATOR COORDINATOR**  
**ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM**  
**DEPARTMENT OF HEALTH SERVICES / DIVISION OF BEHAVIORAL HEALTH**  
**701 EAST JEFFERSON, MD650 150 NORTH 18<sup>TH</sup> AVENUE, 2<sup>ND</sup> FLOOR**  
**PHOENIX, ARIZONA 8503407**~~

<sup>1</sup> Changes throughout the Attachment is a result of Arizona Laws 2015, Chapter 19, Section 9 (SB 1480) enacts that from and after June 30, 2016, the provision of behavioral health services under DBHS in the Department of Health Services is transferred to and shall be administered by the AHCCCS.

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**~~APPLICATION for Housing Development under the Arizona Department of Health Services  
Property Acquisition Program  
Arizona Department of Health Services  
Division of Behavioral Health Services  
150 North 18<sup>th</sup> Avenue, Suite 220  
Phoenix, AZ 85007  
(602) 364-1356~~**

**SECTION I. GENERAL APPLICANT AND PROJECT INFORMATION**

This application and any subsequent revisions or clarifications, if approved for funding, will become part of your approval of funds under the Arizona [Health Care Cost Containment System](#) ~~Department of Health Services~~ (AHCCCS) housing development program.

**COMPLETE EACH SECTION – (USE N/A where no information applies)**

**1. APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_  
Contact/Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**2. HOUSING PROVIDER (If different than applicant)**

Name: _____	Type of Entity:
Contact/Title: _____	Ltd. Partnership: _____
Address: _____	Individual: _____
City/State/Zip: _____	Corporation: _____
Telephone: _____	Other: _____

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Fax: \_\_\_\_\_

**3. DEVELOPER/OWNER (if different than applicant or housing provider)**

Name: \_\_\_\_\_ Type of Entity: \_\_\_\_\_  
 Contact/Title: \_\_\_\_\_ Ltd. Partnership \_\_\_\_\_  
 Address: \_\_\_\_\_ Individual \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Corporation \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Other \_\_\_\_\_  
 Fax: \_\_\_\_\_

**4. PROJECT LOCATION**

Area to be served (city, county, town, etc.): \_\_\_\_\_ County, Arizona \_\_\_\_\_ County, Arizona  
Address of property: \_\_\_\_\_

**5. TYPE OF ACTIVITY AND PROJECT (check all that apply)**

ACTIVITY	TOTAL UNITS	PROJECT TYPE	TOTAL UNITS
Acquisition Only:		<u>Multi-family Apartments:</u>	
Acquisition and Renovation: <u>habilitation</u>		<u>SRØ Condominium/townhome or duplex:</u>	
New Construction:		<u>Group Community Living Home:</u>	
<u>Renovation only:</u>		<u>Other:</u>	
Pre-development Loan:		<u>Other:</u>	

**6. AMOUNT OF REQUEST**

SOURCE	LOAN	GRANT	TOTAL
<u>AHCCCS DHS/DBHS Program:</u>			
State Housing Trust Fund:			
<b>TOTAL AMOUNT REQUESTED:</b>			

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7. NUMBER OF CLPT/ STATE HOUSING FUND UNITS	
a. Total project cost:	
b. Total number of units in project:	
c. Average per unit investment (all units) [divide b – no. of units by a total project cost] :	
e.d. Total AHCCCS/DHS/DBHS State Housing Trust Fund Request:	
e. Number of AHCCCS/DHS/DBHS - SHF units: (divide d – total fund request by c - average per unit investment). Round up any fraction to the next whole number.	

Period of Use – Use of All AHCCCS/DHS units Use shall be restricted through Covenants, Conditions & Restrictions (CC&R). shall be retained for the intended use for aThe number of years of extended -use covered by the CC&Rs depends on type and amount of AHCCCS funding: (See Attachment A).~~minimum of 25 years. Use shall be restricted through Covenants, Conditions & Restrictions.~~

8. SERVICE POPULATION INCOME LEVEL
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In Column A, indicate the total number of units in your project. In Column B, indicate the number of units to be set-aside for a specific income level. **IMPORTANT/IMPORTANT:** If you indicate you will assist a specific income level in column B, you will be required to set-aside those units for that income level. You may be offered additional or alternative financing sources for your project.

	A. TOTAL UNITS	B. SMI UNITS
At or below 50% of median income:		
At or below 60% of median income:		
At or below 80% of median income:		
Greater than 80% of median income:		
Other (specify):		

9. PROJECT MANAGEMENT
-----------------------

Indicate the name, title, address and phone number of each position involved in your project. Attach additional sheets if necessary.

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**PROJECT MANAGER**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Job duties on this project: \_\_\_\_\_  
\_\_\_\_\_

**PROJECT COORDINATOR (DAY-TO-DAY), IF DIFFERENT FROM ABOVE**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Job duties on this project: \_\_\_\_\_  
\_\_\_\_\_

**FISCAL MANAGER**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Job duties on this project: \_\_\_\_\_  
\_\_\_\_\_

**PROJECT ARCHITECT (N/A, IF ACQUISITION ONLY)**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Job duties on this project: \_\_\_\_\_

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**PROJECT TEAM (continued)**

**CONSTRUCTION CONTRACTOR/BUILDER (N/A, IF ACQUISITION ONLY)**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Job duties on this project: \_\_\_\_\_

**CONSULTANT**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Job duties on this project: \_\_\_\_\_

**PROPERTY MANAGER**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Job duties on this project: \_\_\_\_\_

**SERVICE PROVIDER (IF APPLICABLE)**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Job duties on this project: \_\_\_\_\_

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**OTHER (SPECIFY)**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Job duties on this project: \_\_\_\_\_

**OTHER (SPECIFY)**

**PROJECT INFORMATION**

Complete one "Project Information Form" for each site included as part of this application

**10. LOCATION**  
*Include a map indicating the project location and a photo of the property at Tab A*

Project Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**11. SITE ACQUISITION**

The site(s) acquired or to be acquired are from a    \_\_\_ Related Party    \_\_\_ Unrelated Party

Name of Seller: \_\_\_\_\_

Address: \_\_\_\_\_

State/City/Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Total Cost of Site: \$ \_\_\_\_\_

Does the site include acreage in excess of what will be used for the project proposed in this application?

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Yes  No  If yes, attach an explanation behind site control documentation.

<b>12. TYPE OF SITE CONTROL</b> <i>(Select one and attach document)</i>		
√	TYPE:	EXPIRATION DATE (MM/DD/YY)
<input type="checkbox"/>	Deed:	
<input type="checkbox"/>	Purchase contract:	
<input type="checkbox"/>	Option:	
<input type="checkbox"/>	Long-term lease (25 or more yrs):	

**13. SITE CONTROL**  
*Attach a copy of the Appraisal or Estimate of Value*

Has the Fair Market Value of the property been established?    Yes    No

If YES, Date of notification: \_\_\_\_\_

Has seller been informed of the Fair Market Value?    Yes    No

If YES, Date of notification: \_\_\_\_\_

How was the fair market value established? \_\_\_\_\_

If by appraisal, Date of Appraisal: \_\_\_\_\_

**14. ZONING, UTILITIES AND APPROVALS**  
*Attach evidence of zoning approvals and utility availability for new construction projects or those involving a change in use. For projects involving new construction or renovation/habilitation, also include if available site plan approval notices and copies of building permits.*

YES    NO

- Site is properly zoned for the proposed development.  
     If no, when will zoning issue be resolved? Date: \_\_\_\_\_

- All utilities are presently available to the site.  
     If no, which utilities must be brought to site?  
     Who has responsibility for bringing utilities to site?

- The local government has approved the site plan.

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- The local government has issued a building permit.
- The plans and specifications are complete.
- If no, the plans and specifications are \_\_\_\_\_% complete.

**15. ENVIRONMENTAL ISSUES**

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Has there been an evaluation of asbestos hazards? If no, why not.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Has there been an evaluation of lead-based paint hazards? If no, why not.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the building in a historic district?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the building a designated historic building?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the project eligible for Historic Tax Credit? If yes, attach a complete breakdown of the determination of the basis for the eligible Historic Tax Credit. |

**16. CONSTRUCTION/RENOVATION COST ESTIMATE**

Attach a complete third-party line-item cost estimate. ~~Renovation~~~~habilitation~~ cost estimates must include a description and cost estimate of exterior ~~rehabilitation~~~~renovation~~ AND a description and cost estimate, by unit, of the necessary interior ~~renovation~~~~habilitation~~.

The attached cost estimate is based on:

- \_\_\_\_\_ Contractor review of actual drawings
- \_\_\_\_\_ Architect review of actual drawings
- \_\_\_\_\_ Architect building inspection
- \_\_\_\_\_ Contractor building inspection
- \_\_\_\_\_ Other (specify): \_\_\_\_\_

Name of person providing cost estimate: \_\_\_\_\_

Firm: \_\_\_\_\_

Phone number: \_\_\_\_\_

**17. SOURCES OF FINANCING**

COLUMN A. Indicate the name of the funding source and agency.

COLUMN B. Indicate the amount of funds that are committed to the project. Committed funds are funds that are not contingent upon receipt of AHCCCS/DHS/DBHS or other funds and for which you have a letter of commitment. Attach letters of commitment at Tab G.

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COLUMN C. Indicate the amount of funds that are tentatively committed to the project. Tentatively committed funds are funds that are contingent upon receipt of AHCCCS/DHS/DBHS or other funding, or funds that you have applied for but have not yet been awarded.

COLUMN D. Indicate the date you applied for tentative funding.

COLUMN E. Indicate the date you expect to receive award/denial of tentative funding. All tentative financing must be firmly committed within 90 days of submittal of this application.

<b>CONSTRUCTION SOURCES</b> <i>Available before project is operating.</i> <b>IF APPLICABLE</b>				
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
<b>SOURCE</b>	<b>COMMITTED</b>	<b>TENTATIVE</b>	<b>DATE APPLIED</b>	<b>DATE EXPECTED</b>
AHCCCS/DHS/DBHS				
State Housing Fund				
Subtotals:				
Total Fund Sources (Column B + C)				

Total construction sources above must equal total permanent sources below and must also equal total project development costs.

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<b>PERMANENT SOURCES</b>				
<i>Available before project is operating</i>				
A	B	C	D	E
SOURCE	COMMITTED	TENTATIVE	DATE APPLIED	DATE EXPECTED
AHCCCS/DHS/DBHS				
State Housing Trust Fund				
Subtotals:				
Total Fund Sources (Column B + C)				

**18. BUDGET SOURCES CONTACT INFORMATION**

For all sources of financing (other than AHCCCS/DHS/DBHS or State Housing Trust Fund) listed on the previous page, provide the name of your primary contact person, address, telephone email address and FAX numbers.

1. Source of funds:				
Contact Person:				
Address:				
City/State/Zip:				
Telephone Number:		<u>Fax:</u>		<u>Email</u> <u>FAX</u> <u>Number:</u>

2. Source of funds:				
Contact Person:				
Address:				
City/State/Zip:				
Telephone Number:		<u>Fax:</u>		<u>Email</u> <u>FAX</u>

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				<u>Number:</u>	
--	--	--	--	----------------	--

3. Source of funds:					
Contact Person:					
Address:					
City/State/Zip:					
Telephone Number:		<u>Fax:</u>		<u>Email FAX Number:</u>	

4. Source of funds:					
Contact Person:					
Address:					
City/State/Zip:					
Telephone Number:		<u>Fax:</u>		<u>Email FAX Number:</u>	

**19. USES OF FINANCING AND PROJECT BUDGET**

- COLUMN A. If a specific use of funds is not listed, indicate the type of use in the "Other" box.
- COLUMN B. Indicate the amount of AHCCCSDBHS funds to be expended for the specified use.
- COLUMN C. Indicate the amount of State Housing Trust Funds to be expended for the specified use.
- COLUMN D. Indicate other source amounts for the specified use.
- COLUMN E. Indicate the total amount of columns B, C, and D for the specified use.
- COLUMN F. Indicate the source of other funds from Column D for the specified use.

A	B	C	D	E	F
ACTIVITY	<u>AHCCCSDBHS</u>	STATE HOUSING TRUST FUND	OTHER SOURCES	TOTAL ALL SOURCES	SOURCE
<b>ACQUISITION</b>					
Land :					

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A	B	C	D	E	F
ACTIVITY	AHCCCS HS/DBHS	STATE HOUSING TRUST FUND	OTHER SOURCES	TOTAL ALL SOURCES	SOURCE
Existing Structures:					
Closing Costs:					
Other:					
<b>SITE IMPROVEMENTS</b>					
Off-site:					
On-site:					
Landscaping:					
<b>REHABILITATION/RENOVATION OR CONSTRUCTION COSTS</b>					
Demolition:					
<u>Rehabilitation/Renovation:</u>					
New Construction:					
Contingency:					
Builder's Profit					
Builder's Overhead					
Permits/Fees not paid by Builder:					
Other:					
Other:					
Other:					
<b>PROFESSIONAL FEES</b>					
Architectural Design:					
Architect Supervision:					
Engineering Fees:					
Accounting Fees:					
Legal Fees:					
Soils Report:					
Environmental Review:					
Other :					

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A	B	C	D	E	F
ACTIVITY	AHCCCS HS/DBHS	STATE HOUSING TRUST FUND	OTHER SOURCES	TOTAL ALL SOURCES	SOURCE
Other:					
<b>CONSTRUCTION LOAN COSTS</b>					
Loan Origination Fee:					
Construction Interest:					
Construction Insurance:					
Credit Enhancement:					
Const Period Taxes:					
Credit Report:					
Other:					
<b>RELATED COSTS</b>					
Title Insurance:					
Consultants: :					
Developer's Fee:					
Developer Overhead:					
Appraisal:					
Building Permit fees paid by Builder:					
Market Study:					
Project Audit:					
Operating Reserve:					
Replacement Reserve:					
Other:					
Other:					
<b>RELOCATION COSTS</b>					
Temporary Relocation:					

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A	B	C	D	E	F
ACTIVITY	AHCCCS HS/DBHS	STATE HOUSING TRUST FUND	OTHER SOURCES	TOTAL ALL SOURCES	SOURCE
Permanent Relocation:					
<b>PERMANENT LOAN COSTS</b>					
Origination Fee:					
Credit Enhancement:					
Title and Recording					
Other:					
Other:					
<b>GENERAL ADMINISTRATIVE COSTS</b>					
<b>OTHER COSTS (SPECIFY):</b>					
Furnishings:					
Rental Office Furnishings & Equip.					
Other:					
<b>TOTALS:</b>					

**20. PROJECT OCCUPANCY INFORMATION**

Yes  No  Are the buildings currently occupied?

IF YES, indicate type of occupancy: Persons: \_\_\_\_\_ Businesses: \_\_\_\_\_ Other: \_\_\_\_\_

Number of vacant units: \_\_\_\_\_ Number of occupied units: \_\_\_\_\_

**21. RELOCATION INFORMATION**

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YES NO

- Will this project involve permanent relocation of tenants, businesses, or other organizations?
- Will this project involve temporary relocation of tenants, businesses, or other organizations?

**Note: if this application will include relocation, either temporary or permanent, attach a relocation plan including activities and estimated costs.**

**21. RENTAL ASSISTANCE/SUBSIDY**

**22. RENTAL ASSISTANCE/SUBSIDY**

Yes No

Do or will any tenants receive monthly rental assistance

If yes, indicate the type of rental assistance:

- \_\_\_\_\_ Section 8
- \_\_\_\_\_ Shelter Plus Care
- \_\_\_\_\_ Other (indicate type):
- \_\_\_\_\_

**23. MONTHLY UTILITY ALLOWANCES**

Name of Housing Authority Providing Utility Allowance Schedule:									
Utilities	Type (Gas, LP, Electric, Oil, etc)	Utilities paid By:				Enter Allowance by BR Size:			
		RBHA	Hsg Prov.	Owner	Tenant	0 BR	1 BR	2 BR	___ BR
Heating									
Air Cond.									
Cooking									
Lighting									
Hot Water									
Water									
Sewer									
Trash									

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**24. AHCCCS – STATE HOUSING FUND RENT LIMITS**

**24. AHCCCS/DHS/DBHS – STATE HOUSING FUND RENT LIMITS**

AHCCCS/DHS/DBHS rents may not exceed the lesser of the Fair Market Rent or the rent limit established for the proposed income limit, by bedroom size. Utilize the chart included with the instructions to complete this information. *This chart is for guidance only and rents may be lower.*

	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR
Fair Market Rent							
50% Rent Limit							
65% Rent Limit							

**25. AHCCCS OR STATE HOUSING FUND UNIT RENTS**

**25. AHCCCS/DHS or State Housing Fund Unit Rents**

If tenant rents are calculated as a percentage of the tenant's income (e.g. 30% of adjusted income), include your estimate of that rental income in this chart, in lieu of specific per unit rental rates.

A NO. OF BRs	B UNIT SIZE (SQ. FT.)	C NO. OF CLPT UNITS/OR BEDS	D MONTHLY RENT PER UNIT/OR BEDS (ESTIMATED)	E TOTAL MONTHLY RENT (C x D)
0				
1				
2				
3				
4				
Other:				
Totals:				
Total Monthly Rental Income – AHCCCS/DHS Units:				

**NOTE:** Tenant rent is based on 30% of the consumers adjusted income at \$\_\_\_\_.00 per tenant totaling \$\_\_\_\_ rent collected from tenants and a subsidy of \$\_\_\_\_.00 per one (1) bedroom unit, \$\_\_\_\_.00 per two bedroom unit and \$\_\_\_\_.00 for the three bedroom unit, the total subsidy \$\_\_\_\_.00.

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**26. MONTHLY INCOME FROM ALL UNITS**

~~26. MONTHLY INCOME FROM ALL UNITS:~~

1. Total Monthly Rental Income from AHCCCS/DHS units: \_\_\_\_\_
2. Total Monthly Rental Income from other units \_\_\_\_\_
3. Other monthly income (e.g., laundry, etc.). List sources: \_\_\_\_\_
4. Less Vacancy Allowance: \_\_\_\_\_
5. Total Monthly Income (1+2+3-4): \_\_\_\_\_

**27. MONTHLY/ANNUAL CASH FLOW PROJECTION/OPERATION PERFORMA – YEAR 1**

~~27. MONTHLY/ANNUAL CASH FLOW PROJECTION/OPERATING PROFORMA – YEAR 1~~

INCOME			
		Monthly	Annual
1	TOTAL INCOME FROM ALL SOURCES (QUESTION 26, line 5)		
EXPENSES			
ADMINISTRATIVE			
2	Management		
3	Site Manager		
4	Legal/Accounting/Audit		
5	Affirmative Marketing		
6	Office Supplies		
7	Other (specify)		
8	TOTAL ADMINISTRATIVE EXPENSES (2+3+4+5+6+7)		
OPERATING			
9	Owner-paid Utilities		
10	Insurance		
11	Trash Removal		
12	Other (specify)		
13	TOTAL OPERATING EXPENSES (9+10+11+12)		

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MAINTENANCE			
14	Interior Maintenance/Repairs		
15	Exterior Maintenance/Repairs		
16	TOTAL MAINTENANCE EXPENSES (14+15)		
17	Real Estate Taxes		
18	Operating Reserve		
19	Replacement Reserve		
20	Other (specify)		
21	Other (specify)		
22	Other (specify)		
23	TOTAL ANNUAL EXPENSES		
24	NET INCOME AFTER EXPENSES (1-23)		
ANNUAL DEBT SERVICE			
20	1st Mortgage		
26	2nd Mortgage		
27	Other debt/distributions		
28	TOTAL DEBT SERVICE (20+26+27)		
<b>NET INCOME (24 - 28)</b>			

**28. ANNUAL PERCENTAGE INCREASES**

Annual percentage increase in income: 2%  
Annual percentage increase in expenses: 3%

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<b>29. CASH FLOW PROJECTION/OPERATING PROFORMA</b>					
Complete for a period of at least twenty-five years, longer if other financing sources require an extended period of service or affordability.					
<b>ANNUAL OPERATING PROFORMA</b>					
	<b>YEAR 1</b>	<b>YEAR 2</b>	<b>YEAR 3</b>	<b>YEAR 4</b>	<b>YEAR 5</b>
Income					
Less Vacancy					
Effective gross Income					
Expenses					
Cash Flow					
	<b>YEAR 6</b>	<b>YEAR 7</b>	<b>YEAR 8</b>	<b>YEAR 9</b>	<b>YEAR 10</b>
Income					
Less Vacancy					
Effective gross Income					
Expenses					
Cash Flow					
	<b>YEAR 11</b>	<b>YEAR 12</b>	<b>YEAR 13</b>	<b>YEAR 14</b>	<b>YEAR 15</b>
Income					
Less Vacancy					
Effective gross Income					
Expenses					
Cash Flow					
	<b>YEAR 16</b>	<b>YEAR 17</b>	<b>YEAR 18</b>	<b>YEAR 19</b>	<b>YEAR 20</b>
Income					
Less Vacancy					
Effective gross Income					
Expenses					
Cash Flow					
	<b>YEAR 21</b>	<b>YEAR 22</b>	<b>YEAR 23</b>	<b>YEAR 24</b>	<b>YEAR 25</b>
Income					
Less Vacancy					
Effective gross Income					
Expenses					
Cash Flow					

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Note: Over the CC&R extended use 25-year period \_\_\_\_\_ Agency will receive \$\_\_\_\_ positive cash flow. These funds will be placed in Operating and Replacement Reserve accounts to cover future cost provision related to operating and replacement costs.

**30. HOUSING PROVIDER AND/OR DEVELOPER PARTNERS**

**30. HOUSING PROVIDER AND/OR DEVELOPER PARTNERS**

Describe the methodology for soliciting housing partners, including the advertising or other form of solicitation, criteria for selection and status of any contract(s). If the RBHA or the housing provider will utilize a private sector developer, describe how the project site, number of units that will be occupied by enrolled consumers, purchase price and cost estimates, development and completion schedule and ongoing operating procedures were developed.

Describe who (RBHA, housing provider, developer/owner) will be responsible for: site selection; project financing; acquisition, rehabilitation, construction activities; lease-up; maintenance; and ongoing operations.

AHCCCS/DHS assistance to mixed-population projects: If the housing units to be funded by AHCCCS/DHS are part of a larger project to be developed by a housing provider and/or developer, describe how the seriously mentally ill clients will be referred to the project and any unique or special services that will be provided in conjunction with the housing. Describe the relationship of the property manager to the RBHA throughout project operations.

Project Management. Provide a description of the housing provider and/or developer experience and ability to implement and manage special needs housing assistance programs and/or related activities.

**31. PROJECT DESCRIPTION** Describe your proposed project.

Project type. Explain your rationale for selecting the type of project: acquisition, rehabilitation/renovation, new construction. Consider the availability, cost and condition of existing housing units v. new construction and the impact of each on the community as a whole.

Ongoing operations. Briefly describe the proposed project operations. Give enough detail to clearly illustrate all activities associated with the proposed project. Consider the following when describing ongoing operations:

- Selection of tenants, intake, waiting list, and eviction procedures;
- Lease and associated service agreement terms and conditions;
- Service providers and the type and level of service that will be provided either on-site (at the housing) or in conjunction with the housing;
- Unit inspection schedule and procedures;
- Amount of rent that each tenant will be charged.

**32. PROJECT SITING**

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Describe in detail discussions that have taken place, if any, with local government officials and/or community residents regarding the siting of the proposed project. Indicate whether the unit of local government is aware of the project application and its intended use.

**33. ORGANIZATIONAL CHART**

Insert an organizational chart showing the staffing and lines of authority FOR THIS PROJECT. The organizational chart must reflect the relationships of key personnel identified in the program management section of this application.

**34. TITLE REPORT**

Insert a copy of the preliminary title report prepared by the title company handling the escrow/purchase of the property.

**35. APPLICANT AFFIDAVIT, RELEASE AND CERTIFICATION FORM**

The undersigned Applicant hereby applies to the Arizona Health Care Cost Containment System~~Department of Housing~~ (“AHCCCS”~~the “Department”~~), ~~serving as agent for the Arizona Department of Health Services,~~ for a commitment of AHCCCS/DHS/DBHS and/or ComCare Liquidated Proceeds Trust (CLPT) resources or State Housing Trust Funds. The undersigned is responsible for ensuring that the project consists of or will consist of qualified low income housing as described in the application packet, and will satisfy all applicable State and Federal requirements in the acquisition, rehabilitation or construction and subsequent operation of the project to receive a commitment of AHCCCS/DHS/DBHS/CLPT resources or State Housing Trust Funds. The applicant represents and certifies that the application has not requested any more AHCCCS/DHS/DBHS/CLPT resources or State Housing Trust Funds than are necessary to provide affordable housing. In planning this project, the applicant certifies that it has provided for and will continue to encourage the participation of citizens, particularly persons of low income who are residents of areas in which ~~the CLPT resources or~~ State Housing Trust Funds are proposed to be used.

The Applicant understands that ~~AHCCCS~~the Department will determine the eligibility of the project based, at least in part, on the figures submitted with the application by the Applicant and the readiness of the project to proceed, as presented in the application. The applicant is responsible for the accuracy of these figures. Misrepresentations, mistakes or omissions may be the basis for the cancellation of an award.

The Applicant understands and agrees that should ~~the AHCCCS~~Department commit more funds than the State of Arizona is entitled to award in any given fiscal year (whether State or Federal), and funding is not available as awarded, AHCCCS~~the Department~~ shall be held harmless by the Applicant, the Applicant’s investors and anyone else relying upon the commitment.

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The Applicant acknowledges and agrees that it will at all times cooperate with regard to request(s) for submittal of additional requests for information from ~~AHCCCS~~the Department as necessary.

The Applicant acknowledges and agrees to fully comply and cooperate with all monitoring activity of ~~the Department~~AHCCCS after the date of commitment. The Applicant will give the State, T/RBHA, the U.S. Department of Housing and Urban Development (HUD), if applicable, and any State authorized representatives access to and the right to examine all records, books, papers, or documents related to the application and any resulting funding awards.

If currently a State-certified Community Housing Development Organization (CHDO), the applicant will continue to comply with the requirements for CHDOs as contained in the definition at 24 CFR Section 92.2.

By executing this authorization and release, the Applicant does hereby authorize ~~AHCCCS~~the ~~Arizona Department of Housing~~, to obtain and furnish and release, to all proper institutions and/or agencies, full and complete records, reports and/or information pertaining to the Applicant and its application under the ~~AHCCCS~~ADHS/DBHS, CLPT or State Housing Trust Fund program.

The Applicant agrees that ~~AHCCCS~~the ~~ADHS/DBHS~~, Arizona Department of Housing, its agents, employees, attorneys, contractors and representatives will at all times be indemnified and held harmless against all losses, costs, damages, expenses and liabilities of whatsoever nature or kind (including, but not confined to, attorneys' fees, litigation and court costs, amounts paid in settlement, and amounts paid to discharge judgments, and any loss from such judgments or assessments) directly or indirectly resulting from, arising out of, or related to acceptance, consideration and approval or disapproval of the Applicant's application for funding.

The Applicant hereby represents and certifies under penalty of A.R.S. 13-2311 and 39-161 that the information set forth herein, and all material submitted by the Applicant to ~~AHCCCS~~the Department, are to the best of the Applicant knowledge, true and complete and accurately describe the proposed project. The undersigned is duly authorized to execute this instrument on behalf of the Applicant and possesses the legal authority to apply for an allocation of ~~AHCCCS~~ADHS/DBHS, CLPT resources or State Housing Trust Funds and to execute the proposed program. Further, the Applicant represents that its governing body has duly adopted or passed an official act of resolution, motion, or similar action authorizing the filing of the application, including all understandings and assurances required, and directing and authorizing the applicant's chief executive officer and/or other designated official representative to act in connection with the application and to provide such additional information may be required.

The Applicant understands that all representations made herein, and all documentation submitted, is subject to verification by ~~AHCCCS~~the Department, and that any misrepresentations or inaccuracies, whether intentional or not, may subject the project to a loss of competitive scoring points or to disqualification. For the purposes of verification, the Applicant and Developer hereby authorize ~~AHCCCS~~the Department to request information on entities and individuals closely related to this transaction from any lender, investor, or other institution or entity named in this application. Such

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information includes but is not limited to audits, financial statements, credit history, copies of income tax returns, and other information deemed necessary by AHCCCSthe Department.

THE APPLICANT HAS CAUSED THIS DOCUMENT TO BE DULY EXECUTED IN ITS NAME AS OF THIS \_\_\_  
DAY OF \_\_\_\_, 20020.

\_\_\_\_\_  
*APPLICANT NAME:*

\_\_\_\_\_  
*BY:*

\_\_\_\_\_  
*ITS:*