2023 NHTF APPLICATION MANUAL

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 checkmark when all information is entered correctly and saved. Some Tabs will have a red X until each tab with corresponding requirements has 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 NHTF policies/procedures/rules may be submitted to nationalhousingtrustfund@iowafinance.com.The questions and answers will be placed on the 2023 NHTF Round webpage each Friday until applications are due.

**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 Application, in the event NHTF funds are awarded to a proposed Project.

**Complete Application***.* Complete Applications for NHTF under the current funding round are required to be submitted through the online Application **by 4:00 p.m. C.S.T. on June 16, 2023**.

**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 award of NHTF.

**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 Deficiency Review period. An email will notify the Applicant of the deficiency report, that a response is needed. The Applicant shall respond within the Application, make corrections or additions 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 improve the score received by an Applicant.

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

The Developer fees may not be increased after the submission of the 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**

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.

**Scoring Criteria to Projects that pass Threshold.**

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

When entering each building’s address, please ensure that the number and street name, city, and nine-digit zip code, are correct. If the address does not have a current address provide a parcel number or another way to identify the location of the proposed site.

There are 10 scoring categories

1. Targeted Populations
2. Fully Accessible Units
3. Utilization of Project-Based Rental Assistance
4. CDC Social Vulnerability Index
5. Leverage
6. Local Support
7. IFA Iowa Title Guaranty Certificate
8. Zoning
9. Nonprofit Ownership
10. HTF Subsidy Per Unit

The Table below lists each scoring category, where it can be found on the application. and guidance on requesting preliminary scoring points.

|  |  |  |  |
| --- | --- | --- | --- |
| Category | Application Section | Item Description | Points |
| Targeted Populations | Project Name & Description | Application has a targeted population of: Category A-Families Experiencing Homelessness (Homeless persons, including homeless individuals, families, youth and/or veterans, families experiencing homelessness and Category B-perrons in recovery from substance use disorder through a recovery Housing model | **0, 10 or 20 pts**20 points for Category A 10 points for Category B  |
| Fully Accessible Units | Buildings | The required percentage of the HTF-assisted units must be fully accessible (not adaptable) as shown in the plans submitted with the application. “Fully accessible units” means a unit designed and constructed for full accessibility in accordance with Section 1002 of the International Code of Council (ICC) A117.1. | **0, 2, 5 or 10 pts.****2 points** – At least 10% but less than 25% of the HTF-assisted units will be fully accessible **5 points** – At least 25% but less than 50% of the HTF-assisted units will be fully accessible **10 points** – 50% or more of the HTF-assisted units will be fully accessible |
| Utilization of Project-Based Assistance | Project Name & Description | Points will be awarded to projects providing **Exhibit H-29** that show it has Federal Project-Based Rental Assistance, HUD-VASH Voucher Assistance, or Local Project-Based PHA (Public Housing Authority) Voucher Assistance. | **0, 5, 10 or 15 pts****5 pts** = At least 25%of the total Project Units are covered by a project-based rental assistance contract.**10 pts** = At least 50% of project units are covered by a project-based rental assistance contract.**15 pts** = At least 75% of the total Project Units are covered by a project-based rental assistance contract |
| CDC Social Vulnerability Index | Buildings | Points will be awarded based upon the project located 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 application submitted. **The Social Vulnerability Index (SVI): Interactive Map | CDC** | **0, 2, 5 or 10 pts****0 points -** low**2 points** – low to moderate**5 points** – moderate to high**10 points** – high |
| Leverage | Funding Sources & Leverage | The total amount of local, non-federal funds designated as leverage (as approved by IFA) will be divided by the amount of total HTF funds requested.Exclude deferred developer fee and estimated value of property tax abatement | **0, 3, 6, 9 or 15 pts****0 points =** 0 - 4% eligible HTF leverage**3 points =** 5 - 9% eligible HTF leverage**6 points=** 10 - 14% eligible HTF leverage **9 points=** 15 - 20% eligible HTF leverage**15 points =** 21% or more eligible HTF leverage |
| Local Support | Funding Sources & Leverage | Points will be awarded if the applicant demonstrates a commitment to the proposed Project for property tax abatement or exemption.A letter signed by the city with the amount committed to project. Include Resolution if available  | **0 or 5 pts** |
| IFA Iowa Title Guaranty Certificate | 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. | **0 or 2 pts** |
| Zoning | Zoning | Points will be awarded if the property is appropriately zoned at the time of application for the proposed project and the completed Zoning Exhibit, H-31, is uploaded with the application. | **0 or 4 pts** |
| Nonprofit Ownership | Ownership Entity | Points will be awarded as follows if the owner of the proposed project will be a nonprofit entity. For scoring purposes, Nonprofit Ownership may also include a nonprofit general partner of a limited partnership or a nonprofit managing member of a limited liability corporation. | **0, 5, 10 or 15 pts****5 points** for a nonprofit owner with experience in providing any type of housing or supportive services**10 points** for a nonprofit owner with experience in providing housing or supportive services to extremely low-income households**15 points** for a nonprofit owner with experience in providing housing or supportive services to extremely low-income households in the proposed project’s market area |
| HTF Subsidy Per Unit | Buildings | The extent to which a project proposes to use the least amount of HTF subsidy per HTF-assistedunit. The project with the lowest HTF subsidy per unit requested will receive 10points. The project with the highest subsidy per unit requested will receive 0 points. Projects inbetween will receive points on a sliding scale from 0 to 10 points.The calculation formula is: =**IF (SPU Grant Amount/HTF-assisted Units) < Max SPU then 10-****(10\*(((SPU Grant Amount/HTF-assisted Units)-Min SPU)/ (Max SPU-Min SPU))) Else 0)** | **0 to 10 pts** |
| Tiebreakers | Project Name & Description | In the event that the final scores of more than one application are identical, the following tiebreakers criteria will be used: | **TIEBREAKERS****A Project is in a community that has not received a HTF awarded project located in that community for the longest period of time.****B Project is targeting Families Experiencing Homelessness through a Housing First permanent supportive housing model and has been awarded points according under the Targeted Populations scoring criteria.****C Application requesting the least amount of HTF subsidy per unit.****D Board Discretion.** |

**Resources**

**IFA Website:** Notices**,** Application Package**,** NHTF Exhibits, 2022 NHTF Allocation Plan, NHTF Webinar, and Appendices.

NHTF Appendices

|  |  |
| --- | --- |
| **Appendices** | **Description** |
| A | Tip Sheet |
| B | Links |
| C | NHTF Maximum Per Unit Subsidy Limit |
| D | Leverage Contribution Information |
| E | Underwriting Standards |
| F | CDC Social Vulnerability Index |
| G | Appraisal Information |
| H | Restrictions on Lobbying |
| I | Lead-Based Paint Requirements |
| J | Providing Audits – Nonprofit |
| K | Providing Financial Statements – For Profit |
| L | Long-Term Inspection Fees |
| M | Iowa Title Guaranty - Rate Sheet |
| N | Noise Standards |
|  |  |

NHTF Exhibits

The exhibits listed on this form must accompany the online NHTF Application if required/applicable.

| 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 (HUD 2880) | 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** | Only if requesting over $100,000 in NHTF funds |
| H-7 | Disclosure of Lobbying Activities | If applicable |
| H-8 | Local SupportA letter(s) of involvement, endorsement, and investment by local citizens, local organizations or the governing body of the local government in which the housing project is located. The local support shall promote the objectives of the housing activity or projects assisted through the NHTF program. | Yes |
| H-9 | Nonprofit Status (Both items required)1) Provide a letter from the IRS stating that the entity is a qualified nonprofit and has received a tax-exempt ruling under 501(c) depending on the type and purpose of the organization seeking the designation for tax exemption:The 501(c) designations permissible under NHTF are: 501(c)3 status -- A charitable, nonprofit corporation; 501(c)4 status -- A community or civic organization; Section 905 status -- a subordinate organization or a 501(c) organization. | Only if Ownership Entity is a nonprofit. |
| H-10 | Provide a current good standing letter from the Iowa Secretary of State's Office (i.e., a Certificate of Existence or a Certificate of Authority.) |  |
| H-11 | Color Photos of Property & Adjacent PropertiesEight photos of each site are required looking at each site from the North, South, East, & West, and looking out from each site toward the North, South, East & West.If the project involves the acquisition of existing buildings, you must also provide at least ten photos of the inside of 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 financinga letter of intent from the lending institution on their letterhead is required. This letter must clearly state the term of the permanent loan, how the interest rate will be indexed and the current rate at the time of the letter, the amortization period, fees, any prepayment penalties, anticipated security interest in the Property, and lien position. The letter of intent must extend at least 6 months beyond the Application date due at IFA. | Yes |
| H-13 | Commitment letters from all other sources (i.e. grants, loans, leverage, etc.)Each letter must include:- the value of the commitment;- the interest rate & term;- the purpose the funds can be used for;- the time limitations related to the commitment;- if the source is from a federal program. | Yes |
| H-14 | PHA UtilitiesIf tenants pay for any of their utilities, provide current PHA utilities dated within one year of the NHTF round closing date. If the date on documentation is not within one year, also provide written confirmation that the PHA utilities are still current.  | Only if tenants pay for any of their utilities. |
| 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 | Ownership Entity DocumentationFor LP, LLP, LLLP, provide:- Current Certificate of Limited Partnership- Current Signed Partnership AgreementFor LC, LLC, LLC, provide:- File-Stamped Articles of Organization- Current Signed Operating Agreement | Only if Ownership Entity is for-profit AND not a sole proprietor |
| H-17 | Documentation for General Partner/Managing Member & Co-GP/Co-MMFor LP, LLP, LLLP, provide:- Current Certificate of Limited Partnership- Current Signed Partnership AgreementFor LC, LLC, LLC, provide:- File-Stamped Articles of Organization- Current Signed Operating AgreementFor Corp. or Incorp., provide:- Bylaws- Board Resolution approving actions of corp. concerning proposed project | Only if the Project Team includes a GP/MM or Co-GP MM |
| H-18 | Document(s) providing evidence of control or ownership of site(s)Provide purchase agreement, the title of the property, title opinion, etc. Must be good through 6 months following the NHTF round closing date. | Yes |
| H-19 | Map with Site Location(s)Provide a legible, recent city map pinpointing the site location(s). Must show the address of the property, the names of surrounding streets & any other information important for the site inspection | Yes |
| H-20 | Site Plan(s) clearly list the following:- Site dimensions- Easements & setbacks- All buildings (including manager’s & Accessory Bldgs.)- Parking- Play area- Pool- Other items | Yes |
| H-21 | Plans & Specifications clearly list 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 fully accessible units, this must be demonstrated on the plans & specs |
| H-22 | Leverage Documentation **(Both items required)**1. Provide the **IFA required form**
2. Provide a letter from each entity providing leverage (must be on their letterhead). Each letter must include:
* Date
* Name of the entity providing the leverage
* Dollar amount of leverage
* Description of leverage
* Language specifying that the leverage is for the proposed NHTF project

Signature of the person authorizing the commitment of leverage funds | If applying for points for Leverage |
| H-23 | Noise Abatement & Control **(1 item required and 2 required if applicable)**1) Provide the **IFA required form** - Noise Abatement & Control2) If checked that any noise-sensitive conditions exist, in form 1 above, must also provide a noise assessment that meets HUD federal requirements. | Yes |
| H-24 | Sellers Acknowledgement Form – **IFA required form** | Yes |
| H-25 | Relocation Plan – **IFA required form** | If there is an occupied existing bldg.(s) on the site |
| H-26 | Site & Neighborhood Standards – **IFA required form** | Yes |
| H-27 | Flood Zone – FEMA FIRMette map of each siteLink: [How to Find Your FIRM and Make a FIRMette](http://www.fema.gov/media-library/assets/documents/34930) | Yes |
| H-28 | 3 Yrs. Balance Sheets/Profit & Loss Statements or Non-Profit Audits-Provide documentation for the ownership entity. Alternative financial information may be accepted if IFA deems it sufficient. | Yes |
| H-29 | Tax Abatement DocumentsProvide tax abatement schedule plus assessed valuation (estimated if necessary) subject to abatement and applicable tax levy. | Only if have tax abatement |
| H-30 | Project-Based Rental AssistanceProvide a letter from the subsidy provider that the project has Federal Project-Based Rental Assistance, HUD-VASH Voucher Assistance, or Local Project-Based PHA (Public Housing Authority Voucher Assistance). | If requesting points for Utilization of Project-Based Assistance |
| H-31 | ZoningProvide documentation on the status of zoning. This exhibit must be provided by the city/municipality where the proposed project will be located. The city/municipality must state (1) the property’s current zoning classification and (2) if this zoning classification permits the construction of the proposed project. | If requesting points for zoned correctly at the time of application |

APPLICATION SECTIONS

Project Name & Description Tab

1. **Project Name.** Complete the name of the project.
2. **Project Type.** From the dropdown box select: New Construction, Gut Rehab, or Acquisition/New Construction (Adaptive Reuse).
3. **Occupancy Type.** From the dropdown box select: Family.
4. **Targeted Population.** From the dropdown box select: N/A; Families experiencing homelessness (Homeless persons, including homeless individuals, families, youth, and/or veterans); persons with disabilities; persons with HIV/Aids; persons with substance abuse; victims of domestic violence, families experiencing homelessness and persons in recovery from substance use disorder.
5. **Designated Units.** From the dropdown box select if any of the units are going to be designated: N/A, persons with HIV/Aids, persons with HIV/AIDS that are chronically homeless, homeless persons and families, or homeless persons and families that are chronically homeless.
6. **Total project units.** Fill in the number of all units in the project.
7. **Total project NHTF units.** Fill in the number of NHTF units.
8. **Type of NHTF units.** From the dropdown box select: Fixed or Floating.
9. **Number of fully accessible units.** Fill in the number of fully accessible units (minimum 10% of all units).
10. **Number of units for the hearing/visually impaired.** Fill in the number of hearing/visually impaired units (minimum 2% of all units).
11. **Project-based Assistance.** From the dropdown box select: Yes or No. (Yes, if the project will utilize project-based assistance.
12. **CDC Social Vulnerability Index.** From the dropdown box select Yes or No. (Yes, if the entire project is located 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 application.
13. **Describe the Accessory building and area.** Describe the area where the project will be located.
14. **Describe commercial facilities.** Describe if there are any commercial facilities new or on the project site and where the funds will come from for these construction costs.
15. **Description of the project**. Provide a brief description of the project that may be released to the public.
16. **Freestanding structure.** If any NHTF funding will be used for the rehabilitation or construction of freestanding structures, including detached garages and/or community centers - Explain. (NHTF funding can only be used for the construction of the NHTF units.)
17. **Need**. Provide a description of the need for the project. This description needs to be specific about your project. The information will provide IFA reviewers with details and make the project competitive with other projects competing for this round of NHTF.
18. **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.
19. **Iowa Title Guaranty.** From the dropdown box select: Yes or No. (Yes, if the Ownership Entity, at a minimum, will obtain an IFA 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.
20. **Tenants.** From the dropdown box select: Yes or No. (Yes, if the tenants pay for any of their utilities.

Project Team Tab

**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

Capacity of Team

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 housing project that received a federal, state or local award or incentive where the project failed to reach completion**. From the dropdown box select: Yes or No. Explain if Yes.
6. **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**. From the dropdown box select: Yes or No. Explain if Yes.
7. **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**. From the dropdown box select: Yes or No. Explain if Yes.
8. **Have the following Project Team members worked on any housing project/program that currently has an outstanding non-compliance issue for a federal, state, or local program**. From the dropdown box select: Yes or No. Explain if Yes.
9. **Have the following Project Team members experienced any turnover in key staff positions in the past two years**. From the dropdown box select: Yes or No. Explain if Yes.
10. **Name the Project Team member that has National Environmental Protection Act (NEPA) experience**. Provide name, title, company, and number of years with NEPA experience. Provide the approximate number of environmental reviews completed by the individual.

Staffing Experience – Type of position held must fall into one of the following defined categories

1. **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.
2. **CONTRACT EMPLOYEES -** Contract employees are those individuals who are paid but not entitled to receive benefits**.**
3. **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.).
4. **OTHERS** - Others are consultants, architects, marketing firms, etc.
	1. **Developer Experience**
		1. Rental Projects 1-11 units; 12-48 units; 49-100 units; and/or 100+ units
	2. **Marketing**
		1. Advertising, sales/leasing
	3. **Property Management**
		1. Compliance (program regulations, building codes, and contractual responsibilities)
		2. Property Management
		3. Property Maintenance
		4. Lease/tenant relations (including rent collection, re-leasing, termination, and other tenant-related issues)
		5. Financial Management (bookkeeping, profit & losses, and balance sheets)
		6. Capital Planning (focuses on long term capital replacement, planning, annual updates, and management of replacement reserves)
	4. **Contract Management**
		1. Design (engineer and architect)
		2. Construction
		3. Marketing
		4. Property Management
	5. **Owner Experience**
		1. Experience in providing any type of housing or supportive services
		2. Experience in providing housing or supportive services to extremely low-income households
		3. Experience in providing housing or supportive services to extremely low-income households in the proposed project’s market area

Project Timetable **Complete the timeline for the project. This will be inputted into your contract. The awards are scheduled to go to the IFA Board in September, but again IFA reserves the right to change this date. The applicant may want to start the timeline in October. The environmental process will take at least 120 days.**

Buildings

1. **General Building Information**. Buildings. Click ***Add New Building***. You will be prompted to enter the following information:
	1. **Address Information.** Enter the address and all other requested information for the project address
	2. **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.
	3. **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 NHTF rent limit.
2. **Determine whether the NHTF 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.

1. **Total Hard Cost of construction/rehab for NHTF-Assisted Units (not per unit).**
2. **Total Hard Cost of construction/rehab for non-NHTF-Assisted Units (not per unit).**
3. **HTF Subsidy Per Unit**

Funding Sources & Leverage

**Enter funding sources for the project**. Provide the funding source type, name of the entity providing the funding source, if the source can be used for NHTF Leverage, type of leverage, the amount, rate, term, amortization, and debt service year.

Budget

**Enter budget line items for the project**. The first column is for other funding sources (non-NHTF), and the second column is for NHTF eligible costs.

1. **Purchase Land and Buildings**
2. **Site Work**
3. **Construction**
4. **Professional Fees**
5. **Interim Costs**
6. **Financing Fees and Expenses**
7. **Soft Costs**
8. **Developer’s Fees**
9. **Project Reserve**

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 the information inputted into the application.**

NHTF Unit Analysis

**This provides analysis for units from information inputted into the application.**

Threshold Items

**\*NOTE: If a project’s application does not meet the requirements of the threshold items, the application will not be reviewed any further by IFA.\***

The following Threshold Table lists each code reference and description and whether it is required. There are 3 Threshold code reference categories in the Threshold Table:

1. Application
2. Federal Regulation
3. State HTF Allocation Plan

| Code Reference | Description | **Required** |
| --- | --- | --- |
| Application | Compliance with IFA ProgramsIFA 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 | Flood ZoneNo assisted rental unit may be located in an identified or proposed flood zone. | **Yes** |
| Application | Repay/Forfeit FundsThe 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 ControlApplicant must have site control valid for six months following the NHTF round closing date. | **Yes** |
| Application | ZoningThe property location is zoned correctly or will be prior to construction. | **Yes** |
| Application | Minimum NHTF SubsidyThe NHTF subsidy to the project is at least $1,000 per unit. | **Yes** |
| Application | RadonAll buildings must be tested for radon. Radon gas is measured in picocuries per liter (pCi/L) of air. If a building test at over 4.0 pCi/L or over, a mitigation system must be installed. Suggestion: if new construction a passive system should be installed and then if over the 4.0 pCi/L, then the system could be made active.  | **Yes** |
| Application | Local SupportThe application shall demonstrate local support for the proposed activity. | **Yes** |
| Application | NHTF CertificationThe application shall include the NHTF certification, which states that the applicant will comply with all applicable state and federal laws and regulations. | **Yes** |
| Application | Evidence of NeedThe 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. If any housing studies have been completed for the area include that information. | **Yes** |
| Application & Federal 24 CFR 93.300 | Pro-Rata or Fair ShareThe total amount of NHTF 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** |
| Federal24 CFR 5, subpart A | Ineligible PartiesThe 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** |
| Federal24 CFR 93.150 | Site & Neighborhood StandardsIncorporate the site and neighborhood standards of the NHTF Program as an integral part of the project evaluation process. | **Yes** |
| Federal24 CFR 93.250 | NHTF Income LimitsAll NHTF-assisted units shall be rented to extremely low-income households (at or below 30% AMI). | **Yes** |
| Federal24 CFR 93.300 | GAP FinancingThe application shall show that a need for NHTF assistance exists after all other financial resources have been identified and secured for the proposed activity. | **Yes** |
| Federal24 CFR 93.300 | NHTF Subsidy LayeringIFA shall evaluate the project in accordance with subsidy layering guidelines adopted by HUD for this purpose. | **Yes** |
| Federal24 CFR 93.301 | Property StandardsAll rental housing shall be constructed 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 state building code shall apply. | **Yes** |
| Federal24 CFR 93.301 | Handicapped Accessibility RequirementIf the project is new construction or adaptive reuse, the project must have at least 5% Handicapped Accessible units. | **Yes** |
| Federal24 CFR 93.301  | Handicapped Accessibility RequirementIf the project is new construction or adaptive reuse, the project must have at least 2% Visual/Hearing Handicapped Accessible units. | **Yes** |
| Federal24 CFR 93.301 &24 CFR 35 | Lead-Based Paint RequirementsApplicant agrees to use a Lead-Safe Renovator for lead-based paint issues. (Only required for pre-1978 buildings) | **If pre-1978 project** |
| Federal24 CFR 93.301 & 24 CFR 51, subpart B | Noise Abatement and ControlThe 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** |
| Federal24 CFR 93.302 | NHTF Rent LimitsNHTF-assisted units meet NHTF rent limits. If a unit receives Federal or [State](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=26a6338a9b45e985c3cb4e4ae70708dd&term_occur=1&term_src=Title:24:Subtitle:A:Part:93:Subpart:G:93.302) [project](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=87201aea9b347846b2f9b1dbda295aad&term_occur=2&term_src=Title:24:Subtitle:A:Part:93:Subpart:G:93.302)-based rental subsidy, and the tenant pays as a contribution toward rent not more than 30 percent of the tenant's adjusted income, the maximum rent is the rent allowable under the Federal or [State](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=26a6338a9b45e985c3cb4e4ae70708dd&term_occur=2&term_src=Title:24:Subtitle:A:Part:93:Subpart:G:93.302) [project](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=87201aea9b347846b2f9b1dbda295aad&term_occur=3&term_src=Title:24:Subtitle:A:Part:93:Subpart:G:93.302)-based rental subsidy program. | **Yes** |
| Federal24 CFR 93.400 | Project TimelineThe Activity Timeline for completing the project is within allowed HUD guidelines. | **Yes** |
| State HTF Allocation Plan | Eligible NHTF ApplicantThe application is from a qualified, eligible NHTF applicant. | **Yes** |
| State HTF Allocation Plan | Eligible NHTF ActivitiesFunds requested are for eligible NHTF activity/activities. | **Yes** |
| State HTF Allocation Plan | Per Unit Dollar LimitsThe total amount of NHTF funds awarded on a per-unit basis may not exceed the per-unit dollar limitations established in the State of Iowa HTF Allocation Plan. | **Yes** |
| State HTF Allocation Plan | Award LimitAn award shall be limited to HUD’s cap-per unit. The 2023 HUD award is $3 million. | **Yes** |
| State HTF Allocation Plan | NHTF Purpose and Consolidated PlanThe application shall propose a housing activity consistent with the NHTF purpose and eligibility requirements in the State of Iowa HTF Allocation Plan and the State Consolidated Plan. | **Yes** |
| State HTF Allocation Plan | CapacityThe application shall document the applicant’s capacity to administer the proposed activity. Such documentation may include successful administration of prior housing activities. | **Yes** |

2023 Key Terms

**Experienced Nonprofit Entity** is defined as a 501(c)(3) nonprofit organization with experience providing housing or supportive services to extremely low-income households in the proposed project’s market area.

**Gut rehabilitation** shall be defined as extensive alteration work to an existing structure including the reconfiguration of space of over 50 percent of the total building area or of an entire occupancy classification within the building.

**Adaptive reuse** shall be defined as the conversion of an existing structure from a non-housing use to a housing use in which the existing building had not provided residential housing space for a minimum of three years prior to the date of NHTF application submission.

**“Families Experiencing Homelessness”** is defined for NHTF scoring purposes as an individual or family who meets the definition of Homeless from the U.S. Department of Housing and Urban Development at 24 CFR Part 91.5. ”[Homeless" Definition-Cornell Law](https://www.law.cornell.edu/cfr/text/24/91.5)

**Fully Accessible Unit Lease Addendum:** The Owner shall lease Accessible Units designed for persons with disabilities to tenants requiring the accessibility features of the unit. The Applicant shall agree to require a lease addendum to be executed by a tenant(s) occupying that Accessible Unit who does not require such Accessible features. In the lease addendum, the tenant shall agree to move to a comparable non-accessible Unit upon the request of the Owner with moving expenses to be paid by the Owner. The lease addendum shall be submitted as part of the NHTF Grantee's Administrative Plan. The Project shall maintain use of the lease addendum throughout the Affordability Period.

**Replacement Reserve**: Initial deposit of $700 per unit will be required to establish the replacement reserve account at construction completion. Annual deposits of $350 per unit will be required throughout the NHTF compliance period

**Operating Reserve:** - The project must establish an operating reserve account within one year of construction completion. The initial operating reserve is an eligible NHTF project cost and may be established with NHTF funding. The calculation for the minimum operating reserve is the “gross monthly rent amount for all units x 3 months”.

Fully Financing Commitment

For all projects proposing private construction and permanent financing, a letter of intent from the lending institution on their letterhead is required. This letter must clearly state the term of the permanent loan, how the interest rate will be indexed and the current rate at the time of the letter, the amortization period, fees, any prepayment penalties, anticipated security interest in the Property, and lien position. The letter of intent must extend at least 6 months beyond the Application date due at IFA.