**HOUSING DEVELOPMENT FUND (HDF)**

**Homeownership Preservation Funding Pool**

**Application Process and Submission Instructions Part I and Part II**

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| Please refer to the **HDF Homeownership Production and Preservation Program NOFA/Guidelines** for detailed program information requirements. The guidelines and application materials may be accessed from DSHA’s website at <http://www.destatehousing.com/Developers/dv_hdf.php>.  **Application Process**  Applications are accepted on a rolling basis, as long as funding remains available. DSHA has set aside a total of **$500,000** for the purpose of providing funding to eligible applicants to perform substantial rehabilitation to owner-occupied housing units in **active Strong Neighborhoods Housing Fund (SNHF) targeted areas.**  The application process for participating in the Homeownership Preservation Funding Pool (Preservation Pool) consists of **two parts**:  **Part I:** **Application for** **Approval to Participate**   * Applicants who do **not** have a current SNHF and/or Housing Development Fund (HDF) grant with DSHA must apply for approval to participate in the Preservation Pool before they become eligible to apply for a funding Reservation. * Applicants with **active** SNHF and/or HDF grants in good standing with DSHA are **not** required to complete Part I prior to requesting a funding Reservation. * Part I of the application requires support documentation in the form of Exhibits. The application is designed to provide DSHA with the necessary information to determine if the applicant has the experience and capacity to perform and manage successful owner-occupied rehabilitation projects.   **Part II: Reservation Application for Owner-Occupied Rehabilitation**   * Applicants with **active** SNHF and/or HDF grants in good standing with DSHA are **not** required to complete Part I prior to requesting a funding Reservation. * Applicants that do **not** have an **active** SNHF and/or Housing Development Fund (HDF) grant with DSHA but have submitted Part I of the application and received approval to participate in the Preservation Pool may apply for a Reservation. * Part II of the application is designed to provide DSHA with the necessary information to determine if the property/homeowner and the scope of work to be performed meet the requirements of the program and are eligible for funding from the Preservation Pool. If eligible, the applicant will receive a Reservation for up to $35,000 depending on the submitted scope of work and associated costs. **Projects with** **less than $20,000** **per unit** of rehabilitation costs are **not eligible to participate** in the Preservation Pool. * Funding may **not** be used for smaller projects (under $20,000) or emergency type repairs.   **Activities/Costs Eligible for Reimbursement**  Costs associated with improvements to **owner-occupied** housing units that allow units to meet local housing code standards, address program-eligible modifications that maintain affordability, and/or modifications that allow owners to age in place.  Window replacement 🞟 Roof replacement 🞟 Exterior siding replacement 🞟 Structural repairs for life-threatening or unsafe conditions 🞟 HVAC and hot water heater replacement 🞟 Electrical and plumbing improvements or replacement 🞟 Bathroom modifications for accessibility with medical letter of necessity 🞟 Other accessibility modifications with medical letter of necessity. |

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**Application Process and Submission Instructions Part I and Part II**

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| The application process for this program is electronic and requires the applications, exhibits and support documentation to be submitted to DSHA via email at [**Appdocs@destatehousing.com**](mailto:Appdocs@destatehousing.com). DSHA will **not** be able to accept applications in any other format (e.g. paper or flash drive).   * **Applications will be considered only if funding is available**. Please contact DSHA to discuss funding availability prior to completion and submission of an application. * Both sections of the application (Part I and II) are formatted in an easy-to-complete fillable Word document.   ***Helpful Tip:*** Do **not** use the **“Enter” key** after entering information into the fillable application, instead use the **“Tab” key** after entering information and to move around the application.   * **Part I, Approval to Participate Application,** requires support documentation in the form of exhibits. Exhibit requirements can found in section #5 of the application. Exhibits must be submitted with the application. * **Part II**, **Reservation for Owner-Occupied Rehabilitation Application**, includes a checklist of required support documentation related to the homeowner, the owner-occupied property and the scope of work to be performed that must be submitted with the application.   **Application Packaging and Submission**  The following information must be submitted to DSHA via email at [**Appdocs@destatehousing.com**](mailto:Appdocs@destatehousing.com):  **Part I:** **Application for** **Approval to Participate**   * Completed and signed application. The application may be submitted in its existing format (Word) or as a PDF. Label file “Part I Approval-Organization” (e.g. Part I Approval-Helping Hand Rehabiltations). * Required documentation for **each** exhibit needs to be **combined into a single PDF** and labeled “Exhibit “X”-“Name of Exhibit” (e.g. Exhibit A-Applicant/Organization Information). Partial application submissions will **not** be accepted. If your organization’s email system limits the size of attachments per email, DSHA will accept multiple emails sent in succession (label 1 of 3, etc.). For confirmation purposes, please send emails with a **“Read Receipt”** request.   **Part II: Reservation Application for Owner-Occupied Rehabilitation**   * Completed and signed application. The application may be submitted in its existing format (Word) or as a PDF. Label file “Part II Reservation-Address”( e.g. Part II Reservation-100 Front St). * Required documentation for **each** checklist item needs to be **combined into a single PDF** and labeled  “Checklist 1-Description” (e.g. Checklist 1- SNHF Targeted Area). Partial application submissions will **not** be accepted. If your organization’s email system limits the size of attachments per email, DSHA will accept multiple emails sent in succession (label 1 of 3, etc.). For confirmation purposes, please send emails with a **“Read Receipt”** request.   **If you have questions or need assistance during the application process, please contact:**  **Dawn Favors-Jopp,** Management Analyst II [Dawn@DEStateHousing.com](mailto:Dawn@DEStateHousing.com) or via phone at 302-739-0204  **Penny Pierson**, HDF Program Manager [Penny@DEStateHousing.com](mailto:Penny@DEStateHousing.com) or via phone at 302-739-0246 |

**HOUSING DEVELOPMENT FUND (HDF)**

**Homeownership Preservation Funding Pool**

**PART I: Approval to Participate**

Applicants interested in participating in the Homeownership Preservation Funding Pool (Preservation Pool) for the purpose of rehabilitating **owner-occupied** housing units in **active** Strong Neighborhoods Fund (SNHF) targeted areas who do **not** have a **current** SNHF or Housing Development Fund (HDF) acitive grant award in good standing with DSHA **must first apply for pre-approval to participate** in the Preservation Pool.

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| 1. **Applicant/Organization Information** | |  |
| *This section of the application requires specific support documentation in the form of an exhibit. Please refer to section 5, Required Exhibits,* ***Exhibit A*** *of this application for specific requirements.* | | |
| Organization Name: | Website URL: | |
| Organization Type:  501 (c)(3) Nonprofit Organization   CBG Entitlement  State CDBG Subgrantee | Federal Tax ID #: | |
| Street Address: | Mailing Address: | |
| Contact Name: | Contact Telephone: | |
| Contact Email: | | |
| Organization Mission Statement: (Limited to 725 characters.) | | |

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| 1. **Organizational Financial and Staffing Capacity** | | |  | |
| *This section of the application requires specific support documentation in the form of an exhibit. Please refer to section 5, Required Exhibits,* ***Exhibit B*** *of this application for specific requirements.* | | | | |
| Enter the total number of part-time staff employed by the *organization*: | |  | | |
| Enter the total number of full-time staff employed by the *organization*: | |  | | |
| Please list only staff, who will play a key role in the organizations homeownership preservation program. Indicate if the staff member is a part- or full-time employee, and if the staff’s time is 100% dedicated to preservation efforts. | | | | |
| Name and Title | Employment | | | 100% Dedicated |
|  | PT  FT | | | Yes  No |
|  | PT  FT | | | Yes  No |
|  | PT  FT | | | Yes  No |
|  | PT  FT | | | Yes  No |
|  | PT  FT | | | Yes  No |
|  | PT  FT | | | Yes  No |
|  | PT  FT | | | Yes  No |
|  | PT  FT | | | Yes  No |
|  | PT  FT | | | Yes  No |
|  | PT  FT | | | Yes  No |
|  | PT  FT | | | Yes  No |
|  | PT  FT | | | Yes  No |
|  | PT  FT | | | Yes  No |
|  | PT  FT | | | Yes  No |
|  | PT  FT | | | Yes  No |

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| 1. **Signatory Authority** | |
| Please provide the names of persons authorized to sign contracts and draw requests related to this application. | |
| Name of Person and Title | Authorized to Sign |
|  | Contracts  Draw Requests |
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| 1. **Related Experience** | |

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| *This section of the application requires specific support documentation in the form of an exhibit. Please refer to section #15, Required Exhibits,* ***Exhibit C*** *of this application for specific requirements.* | |
| Please indicate the organization’s level of experience with the preservation of owner-occupied affordable housing units: | |
| No experience  Less than 2 years experience  At least 2 years, but less than 5 years | At least 5 years, but less than 10 years  10 years or more |

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| 1. **Required Exhibits – Support Documentation** |
| In addition to completing the fillable application, applicants are required to provide support documentation in the  form of exhibits. |
| ***Exhibit A: Organization Information*** |
| * IRS documentation demonstrating Section 501(c)(3) status, if applicable. * Organizational documents such as Articles of Incorporation, LLC Agreement and By-Laws. * List of Board officers, including name, city and state of residence, occupation, email address. * Board resolution demonstrating approval to apply. * Location of main and satellite offices. |
| ***Exhibit B: Organizational Financial and Staffing Capacity*** |
| * Describe your organization’s financial control system and procedures. Include an explanantion of how costs associated with preservation projects will be tracked by housing unit. * Copies of Audited Financial Statements for the last three (3) years. * Copies of IRS Form 990, Return of Organization Exempt from Income Tax, for the last three (3) years. * Describe staffs’ ability to assist in the successful planning, marketing and managing of owner-occupied preservation projects. * Describe construction team, external and internal. Describe bidding process. * Describe readiness to proceed. * Describe organization’s ability to fund owner-occupied preservation projects upfront and wait for reimbursement from DSHA. Describe funding sources available, include letters of funding commitment. |
| ***Exhibit C: Related Experience*** |
| * Describe your organization’s experience with the successful owner-occupied preservation of affordable housing units for very low-, low- and moderate-income households. * Please provide detail of owner-occupied preservation housing units completed in the last two years. Include before and after pictures if available. * Describe any previous experience with DSHA HDF or SNHF grants. |

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| 1. **Applicant Declaration** | | | |
| I, the undersigned, as the Applicant, hereby apply to the Delaware State Housing Authority (DSHA) for approval to participate in the HDF Homeownership Preservation Funding Pool and attest that the information provided in this application is, to the best of my knowledge, true and accurate.  Furthermore, the Applicant hereby certifies to DSHA that the Applicant is not in any way owned, operated, managed, contolled or otherwise affiliated with any person who has been found guility or pled guilty to any crime, including a felony, misdemeanor or offense involving fraud, dishonesty, deceit, breach of trust, embezzlement or any other financial crime.  I fully understand that it is a Class A misdemeanor punishable by fine up to $2,300, up to one (1) year in prison, restitution, and other conditions as the court deems appropriate, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 11, Delaware Code, Section 1233.  ***Disclaimers***  Applicant understands the information submitted in this application is for the purpose of applying to DSHA for approval to particpate in the Homeownership Preservation Funding Pool and that acceptance of such submission does not constitute approval by DSHA.  Applicant fully understands that a Reservation, if awarded, is a guarantee of funding availability only and does not guarantee reimbursement of costs. Reimbursement of project costs is based on submission of required support documentation at completion of project.  By submitting this application, the applicant acknowledges and agrees that the application shall be deemed a “public record” for the purposes of the Delaware Freedom Of Information Act (“FOIA”), codified at 29 Del. C. §§ 10001-10005. Applicant acknowledges and agrees that any portion of the application, which is determined by DSHA to **not** constitute confidential financial or trade secret information exempt from disclosure under the FOIA, shall be subject to public examination and copying. | | | |
| I electronically certify that all of the above is true: | | | Yes  No |
| Legal Name of Applicant: | |  | |
| Name of Authorized Signer: | |  | |
| Title of Authorized Signer: | |  | |
| Signature: | /s/ |  | |
| Date: | | Click or tap to enter a date. | |