



Will any of the units qualify for a HUD exception to the per project caps of 25 units or 25 percent of the project? \_\_\_\_ Yes \_\_\_\_ No

If yes, which exemption would they qualify for? \_\_\_\_ Elderly \_\_\_\_ Supportive Services \_\_\_\_ Low Poverty Census Tract (40% of units allowed)

Are utilities included in the contract rent? \_\_\_\_ Yes \_\_\_\_ No

*The owner shall provide or pay for the utilities and appliances indicated below by an "O". The tenant shall provide or pay for the utilities and appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.*

ITEM	FUEL TYPE					Paid By
	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Bottle Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Coal or Other	
Heating	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Bottle Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Coal or Other	
Cooking	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Bottle Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Coal or Other	
Water Heater	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Bottle Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Coal or Other	
Other Electric						
Water						
Sewer						
Trash Collection						
Air Conditioning						
Refrigerator						
Range / Microwave						
Other / Specify						

Aside from utilities, describe any other services, equipment or amenities included in the contract rent above (excluding supportive services): \_\_\_\_\_

\_\_\_\_\_

Using additional pages as necessary, please describe the supportive services that will be provided (required if proposing to attach assistance to more than 25 units or 25% of the project and recommended if proposing a smaller reservation of units):

\_\_\_\_\_

\_\_\_\_\_

Will the property be ( ) constructed or ( ) rehabilitated prior to occupancy? Yes No

If yes to either option above, please describe the proposed property to be constructed and/or the existing conditions of the property and scope of work for the rehabilitation (use additional pages as necessary). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Timeline**

Please project key milestones for your units in the table below. If an item will not apply, please enter N/A. Milestones 1-6 do not apply to existing units unless rehabilitation is proposed. For existing units, you can use December 1, 2021 as a proposed HAP signing and initial lease-up date (this is an estimate and is subject to change).

<b>Milestone</b>	<b>Projected Completion</b>
1. Zoning variances obtained	
2. Permitting for project	
3. All funding secured	
4. Signing of AHAP	
5. Start of construction / renovation	
6. End of construction / renovation	
7. Signing of HAP	
8. Initial lease-up	
9. Full occupancy	
10. Expiration of HAP Contract (1-20 yrs)	

## **Occupancy & Relocation**

How many households currently occupy the property? \_\_\_\_\_

How many households will be displaced? \_\_\_\_\_

- How many of those displaced will be temporarily relocated? \_\_\_\_\_
- How many of those displaced will be moved permanently? \_\_\_\_\_

What is the estimated cost of relocation? \_\_\_\_\_

What is the source of your relocation funding? \_\_\_\_\_

Who will oversee relocation services? \_\_\_\_\_

## **Property Management and Admissions**

Name of Property Management Company: \_\_\_\_\_

Describe property management company's experience managing PBV or like programs:

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Do you have any proposed preference for admissions to PBV units?

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Describe your approach to tenant selection and how it meets the PBV program goal of providing housing to very low income families. If you wish to propose any preferences for those selected from the PHA's project based waiting list for your PBV units, please state what those are: \_\_\_\_\_

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If your tenant selection plan looks at credit (other than debt to past landlords or ability to turn on utilities if they are paid for by tenants) or criminal history beyond five years, please state if you are willing to adjust these provisions for PBV admissions: \_\_\_\_\_

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### Certification

The undersigned specifically agrees that the vouchers requested by this application will be secured by a Housing Assistance Payment contract on the property described herein and that Providence Housing Authority, its agents, successors and assigns make no representations or warranties, express or implied, to the Applicant regarding the property, the condition of the property or the value of the property.

Title 18, Section 1001 of the US Code states that a person who knowingly and willingly makes false and fraudulent statements to any department of the US Government including the Dept. Of Housing & Urban Development (HUD) , a public housing authority (PHA) and any owner (or employee of HUD, the PHA, or the owner) may be subject to penalties that include fines and/or imprisonment. I verify that the information in this application is true and correct. I understand that false statements herein are subject to the penalties of Rhode Island Law relating to unsworn falsification to authorities.

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

By: \_\_\_\_\_ Title: \_\_\_\_\_  
*Print or type name*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Submission Checklist**

### **General**

- Completed Application form
- Narrative responses that did not fit within the Application
- Evidence of site control
- Map from <https://geomap.ffiec.gov/FFIECGeocMap/GeocodeMap1.aspx> identifying the census track and poverty rate.
- List of project owner(s) and other project principals and the name of officers and principal members, shareholders, investors, and other parties having a substantial interest
- Evidence of qualifications and experience of the principal participants including but not limited to the owners, principals, and property management team

### **Property Management**

- Copy of the proposed Tenant Selection Plan
- Evidence of supportive services, if applicable
- Physical Need Assessment or Capital Needs Assessment (existing units only)
- Maintenance Plan and/or narrative on how the owner will address physical needs of property over the life of the PBV contract

### **Projects Involving Development Activities (new construction or rehab)**

- Evidence of financing or lender interest and proposed terms of financing
- Sketches of proposed construction and/or rehabilitation
- Unit plans and specs
- Description of the scope of work – broadband infrastructure must be included for buildings with four or more units unless an exception from 24 CFR 983.157 applies.
- Evidence of compliance with current zoning and timeline for re-zoning (if needed)
- Relocation plan (if needed)

### **Other**

- Any other documents that you feel would help the PHA in their decision making  
(note: any such documents, combined with your narrative, may not exceed 20 pages. Pages beyond 20 combined between narrative and non-required attachments will not be reviewed.)