



Wisconsin Housing and Economic Development Authority (WHEDA)
APPLICATION FOR SECTION 811 PROJECT RENTAL ASSISTANCE

WHEDA SECTION 811 PROJECT RENTAL ASSISTANCE (PRA) PROGRAM

Owners should complete a separate application for each site/project in which Section 811 PRA assistance is sought. If the project is a scattered site, one application may be submitted as long as all impacted addresses are identified clearly. Please include a check for the amount of \$200.00 with the application. This fee will not guarantee that there will be eligible applicants in the county that the PRA is being requested.

Date: _____
 Applicant Name/Loan #: _____
 Mailing Address: _____
 City and Zip Code: _____

I am requesting 811 PRA assistance for _____ (number of) units*. The total number of units in the project is _____.
 (*811 PRA will not be allocated to more than 25% of the total units at the Project)

1. Information on Units/Project

The units that I am submitting for 811 PRA are: existing vacant units
 already under renovation/construction*
 to be renovated*

*Units must be vacant and must be completed
within 12 months

- a. Project Address(s) – if all units are in one building, list building address once but include unit numbers if known; if more than one building, specify address(s) for **each building**.

Project Name (if applicable) _____

Building Number	Complete Building Address(s) including street, unit number, town/city, state, zip:	Bedroom Size	# of units proposed for 811 PRA Assistance

Date of Original Construction: _____

Proposed Date of Project Completion (i.e. the date that the units will be ready for occupancy):

a. Indicate below if any other units within the proposed project have another form of federal assistance

- Low-Income Housing Tax Credits
- Section 236 Rental Housing Program
- 221d FHA Insurance Program for Multifamily or Cooperative Housing
- Section 202 Supportive Housing for the Elderly
- Section 811 Supportive Housing for Disabled Persons
- HOME Investment Partnership Program
- Housing Stabilization Funds
- Community Development Block Grant funds
- HUD-insured or co-insured mortgages
- Federal Home Loan Bank housing program funds
- Tenant-based or Project-based Section 8 Housing Choice Vouchers
- Other federal, state or local subsidized housing program
- Farmers Home Administration
- Transitional Assistance Program
- Rapid Rehousing Program
- Rental Housing Assistance Support Service
- Wisconsin Housing Trust Fund
- other federal or state assistance: _____

b. How many units of the total requested for 811 PRA assistance are accessible (describe number and type of accessible features)?

Number	Accessible Features

c. Intended Resident Population (check all that apply):

- Elderly (62 years and over)
- Persons receiving supportive services, other than 811 PRA
- Families
- Disabled

- d. Current/Proposed Rent of Project Units
Complete the chart to indicate rents for all units in the project (including non-assisted units) by unit size and unit assistance type (i.e. 811 PRA, marker, 30%, non-assisted, etc.)

Identify Building or Units	Unit Size (Use 0 for Studio, 1 for 1 Bedroom, etc.)	Unit Assistance Type	Current Rent, if applicable	Requested Rent

- e. Statement of Services, Maintenance, and Utilities Provided by the Owner:
- (1) Services and Maintenance _____

- (2) Equipment: _____

- (3) Utilities: _____

Exhibit 2

This Exhibit shows the additional fields that will be inputted in the project’s iREMS record.

- I. Owner Information**
- a. Owner Entity TIN #: _____
 - b. Owner Entity DUNS #: _____
 - c. Owner Legal Structure (e.g., Limited Partnership): _____

 - d. Mortgagor Type (e.g., Non-Profit, Profit Motivated): _____
 - e. Owner Contact Information:
 Name of Contact Individual: _____
 - i. Mailing Address: _____

 - ii. Phone: _____
 - iv. Fax: _____
 - v. Email: _____
- II. Management Agent Information**
- a. Management Agent Legal Name: _____
 - b. Management Agent Address: _____
 - c. Management Agent TIN #: _____
 - d. Management Agent Effective Date: _____

e. Management Agent Certification: Start Date _____ End Date _____
Open Ended Certification Yes No (circle one)

f. Management Agent Contact Information

i. Name of Contact Individual: _____

ii. Mailing Address: _____

iii. Phone: _____

iv. Fax: _____

v. Email: _____

III. Property Information

a. Building Type: Row Townhouse Detached Semi-Detached
 Mid-Rise Walk-up/Garden High-Rise/Elevator

b. Building Count (enter numeric value): _____

c. Site Manager Contact Information:

Name of Contact Individual: _____

i. Mailing Address: _____

ii. Phone: _____

iii. Fax: _____

iv. Email: _____

Certifications

I, _____, attest and certify that all of the information herein contained is true and accurate to the best of my knowledge. I certify that the units proposed for 811 PRA are vacant and that I am not displacing any existing tenant in order to qualify for this program. I understand and agree to abide by the 811 PRA requirements to select eligible tenants for vacant units from referrals made to me by WHEDA/DHS. I certify that neither I, nor my partners, are on the U.S General Services Administration list of parties excluded from Federal procurement and non-procurement programs. I agree to provide information concerning any participant/principal who is not known at the time of this submission to WHEDA as soon as the principal is known. I further certify that there is no conflict of interest by owner or any of these parties that would be a violation of the 811 PRA Contract.

Signature of Owner

Owner's Phone Number

Date

Email address of Owner

Owner's Address

Name of Contact

Email address of Contact

Contact Phone Number