WHEDA

REQUEST FOR 811 PRA UTILIZATION ON HTC APPLICATION

A separate application is required for each site/project in which 811 PRA funding is sought. If the project is a scattered site, one application may be submitted if all addresses are identified clearly.

FEE: A fee of $250.00 must be provided with each application. This fee does not guarantee PRA 811 funding.

Ownership Entity Name: _____

Project Name: _____

Tax credit/loan # (if applicable): _____

Unit/Project Information

a) The units for which 811 PRA funding is requested are:
   - a existing vacant units
   - b already under renovation/construction
   - c to be renovated
   - d not yet under construction/to be built

b) Date of original construction: _____ OR

Proposed date of project completion (i.e., date units will be ready for occupancy): _____

c) Eligible and Requested Units:

Unit Description	Number of units
Total number of units in development	
Total number of units that will be restricted to supportive housing and will not be using HUD Section 811 PRA Program (including units for people with disabilities)	
Total number of supportive housing units that will use HUD Section 811 PRA Program	

d) Project Address(es): If all units are in one building, list building address once but include unit numbers, if known. If there is more than one building, specify address(s) for each building.

Building #	Complete Building Address(es) street, unit number(s), town/city, state, ZIP:	Bedroom Size	# of proposed 811 units

e) Unit Restrictions: Will any units at the identified project have any of the following restrictions?

HUD 202 Capital of Operating
Elderly – Age 62 and older
HOME-ARP Program Funding
Non-Section 811 PRA funding source with use restrictions or occupancy preference for persons with disabilities
Tenant-based or Project-based Section 8 Housing Choice Vouchers
Other federal, state, or local Rental Assistance (identify source and # of units):

f) Unit Integration: Will HUD Section 811 PRA Program units be dispersed and integrated within the property in accordance with program guidelines?

g) Accessibility: Owners must meet accessibility requirements of Section 504 of the Rehabilitation Act of 1973. However, assisted units can consist of a mix of accessible units for those persons with physical disabilities and non-accessible units for those persons without physical disabilities. Identify the number of Section 811 PRA units that will meet the following accessibility standards:

Fully Accessible Unit: _____
Type A Dwelling Unit: _____
Type B Dwelling Unit: _____
Visual/Hearing Impairment Unit: _____

h) Proposed Rent Schedule: 811 PRA tenants must qualify at or below the extremely-low income limits established by HUD. The property may elect rental assistance payments for up to 60% AMI rents or Fair Market Rent, whichever is lower. Please note that this funding prioritizes 0BR, 1BR units, and some 2BR units. Requests for larger unit sizes may require further documentation to support the need. Please Note: If the tenant pays the utilities, the requested rent must include the Utility Allowance (UA) where applicable.

Unit Size	Number of Units	Current Rent, if applicable	Requested Rent	Total Annual Rental Assistance (# of units X Requested Rent)
Studio (0BR)				
One-bedroom Units				
Two-bedroom Units				
Three-bedroom Units				

Please describe need for any unit size requests larger than one-bedroom:

i) Experience: Does the owner or management agent have:

1) Experience with housing programs that serve people with disabilities? Please describe:
2) Experience with HUD Handbook 4350.3, occupancy requirements, tenant screening, and other related regulations relevant to the Section 811 PRA program or HUD's project Based Section 8 program (including but not limited to Fair Housing, VAWA, and Section 504)?

   Please describe:

3) Identify staff experience including length of experience and any relevant training and certifications:

Staff Name:	Years of Experience:	Certifications/Training/Other relevant experience:

4) Experience with reasonable accommodation and modifications?

5) The ability to submit tenant data via TRACS?

   Name of software provider:

6) The ability to access and use the EIV system to verify income?

j) Access to Services: Priority will be given to projects in communities that have identified a need for housing for people with disabilities and have access to appropriate services, accessible transportation, and facilities that ensure integration for persons with disabilities into the broader community. Please describe the need and access to resources in the community identified in your application, including any supportive documents:

Will supportive services be offered on-site?

If yes, describe below and attach supporting documentation:

Attestation & Certification

I, _____ (ownership name), attest and certify that all 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 to qualify for this program. I understand and agree to abide by the 811 PRA program 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.

_____

Ownership Signature Date

_____

Name & Title

Contact Name: _____

Phone Number: _____

Email Address: _____

NOTE: This is the end of the WHEDA 811 PRA application. If the project is awarded 811 PRA funding, the attached Exhibit 1 will be required before the execution of a RAC.

Exhibit 2: iREMS Record Information

To be completed prior to execution of a RAC.

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

Existing Subsidy Contract number or Existing Property Identification Numbers. *The following information is required if the property under RAC is currently an existing or previously FHA-insured or a multifamily assisted property***.**

a. FHA Number_____

b. iREMS Property ID Number _____

c. Other HUD-assisted Contract Number _____

I. Owner Information.

a. Owner Entity TIN #: _____

b. Owner Entity UEI #: _____

c. Owner Legal Structure (e.g., Limited Partnership): _____

d. Mortgagor Type (e.g., Non-Profit, Profit Motivated): _____

e. Owner Contact Information:

i. Name of Contact Individual: _____

ii. Mailing Address: _____

iii. 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

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. Assisted Unit Types

No. of Unit Types	One BR	Two BR	Three BR	Four BR	5 BR
Not Accessible					
*** Accessible					

**The term "accessible" refers to units that are accessible in accordance with Section 504 of the Rehabilitation Act and HUD's implementing regulations at 24 CFR 8 (Specifically 8.22-8.24).* d. Non-Assisted Unit Types

No. Unit Types	One BR	Two BR	Three BR	Four BR	5 BR

e. Site Manager Contact Information:

i. Name of Contact Individual: _____

ii. Mailing Address: _____

iii. Phone: _____

iv. Fax: _____

v. Email: _____