

WORCESTER HOUSING NOW PROGRAM GUIDELINES & APPLICATION

Tier 2: Small Scale-Professional Developers/ Nonprofits

Who? Owns 2+ multifamily properties in City of Worcester

Maximum Grant Amount:

CDBG: City will provide up to 50% of the total cost of the project or, up to \$50,000.00 per **each restricted affordable housing unit**; whichever is less.

For example, for a building that is a 3 unit building, if the total cost of the project is \$200,000.00, the City would provide a maximum grant of \$100,000.00 (50%). If the total cost of rehab was \$350,000.00, the maximum the City would provide is \$150,000.00 (\$50k x 3 units).

WLAP: Up to \$10,000.00 per **each restricted affordable unit**, 10% match for lead abatement required by owner. Must have child under 6 in unit to qualify.

(Full lead abatement required if there is lead hazards in property). Owner must obtain a Lead Inspection prior to project bidding.

AHNLf: Up to 75% LTV (post rehab value) less CDBG & WLAP amount. Bank will underwrite LTV.

Affordable Housing Requirement:

- 10 Year Affordability Period
- 51% of building must meet income eligibility, and HUD FMR
- Each qualifying unit must submit affordable housing eligibility application and income documentation
- If any unit is vacant, City can still approve the unit, however there is a **5% holdback** of funds until the units are rented up and developer provides City with tenant beneficiary data

Displacement: No one shall be displaced as a result of this project.

If temporary displacement is necessary for rehab, developer must have relocation plan

Underwriting:

- Developer must demonstrate strong property management and development track record
- Developer must have a Federal DUNS number, and be registered with SAM.gov
- Developer is required to submit resume + property portfolio
- Developer is required to submit Sources and Uses Budget, Detailed Development budget, 10 year operational proforma, development timeline
- Developer must have cash reserves to ensure project completion
- Developer is required to submit an Owner/Contractor Agreement
- Developer is required to conduct a sealed bid procedure to procure a General Contractor
- Developer must include Section 3 plan along with MBE/WBE plan in bid documents
- City will determine gap funding
- City will conduct Environmental Review

Fees:

- Owner is responsible for \$105.00 Affordable Housing Restriction recording fee

HUD FY 2020 INCOME LIMITS – WORCESTER COUNTY effective Apr 1, 2020

FY 2020 Income Limit Category	Persons In Household							
	1	2	3	4	5	6	7	8
Annual Income (80%)	\$54,950	\$62,800	\$70,650	\$78,500	\$84,800	\$91,100	\$97,350	\$103,650

HUD FY 2021 Fair Market Rents by Unit Bedrooms effective Oct 1, 2020

	# of Bedrooms				
	Efficiency	1	2	3	4
FY 2021 FMR	\$1,063	\$1,134	\$1,450	\$1,804	\$1,966

*Landlord must provide utilities to get these rents, if tenants pay for utilities, Landlord must decrease rent to account for a utilities allowance

HUD FY 2020 Utility Allowance Schedule effective July 1, 2020

	# of Bedrooms – Per month				
	Efficiency	1	2	3	4
Heating- Gas	\$39	\$52	\$72	\$88	\$107
Heating- Electric	\$95	\$127	\$175	\$215	\$262
Heating- Oil	\$73	\$98	\$135	\$166	\$202
Cooking- Gas	\$2	\$3	\$4	\$5	\$6
Cooking- Electric	\$6	\$8	\$10	\$12	\$15
General Electric	\$34	\$44	\$56	\$67	\$78
Water Heating- Gas	\$6	\$8	\$10	\$13	\$16
Water Heating- Elec.	\$31	\$41	\$55	\$66	\$78

Utility Allowance Example:

3 Bedroom Apartment

\$1,804.00 – Maximum rent that can be charged per month if landlord is responsible for utilities. If tenant is responsible for utilities then utility allowance has to be applied as below:

\$1,804.00

- \$88.00 Gas Heating
- \$ 5.00 Gas Cooking
- \$67.00 General Electric
- \$13.00 Gas Water Heating

= \$1,631.00 Maximum that can be charged after utility allowance deductions.

**TIER 2 APPLICATION: INVESTOR OWNED
 REHABILITATION ONLY**

Section I – APPLICANT GENERAL INFORMATION

IF PROPERTY IS OWNED BY BUSINESS (LLC, INC., ETC)

Organization/Entity Name:			Employer Federal I.D. Number:			
Website:			DUNS Number:			
Mailing Address:		City:	State:	Zip:		
Telephone No.:	Email:	Type of Entity (√ Check those that apply)				
		501 (c)(3) <input type="checkbox"/>	For Profit <input type="checkbox"/>			

	Authorized Signatory	Project Administrator	Finance Officer
Name:			
Title:			
Address:			
Phone:			
Fax:			
E-Mail:			

IF PROPERTY IS OWNED BY INDIVIDUAL

Applicant:			Social Security Number:			
Dependents (not listed by co-applicant)			DOB mm/dd/yyyy			
Mailing Address		City:	State:	Zip:		
Telephone No.:	Email:	Married <input type="checkbox"/>	Unmarried <input type="checkbox"/>	Separated <input type="checkbox"/>	Widowed <input type="checkbox"/>	
Co-Applicant			Social Security Number:			
Dependents (not listed by co-applicant)			DOB mm/dd/yyyy			
Mailing Address		City:	State:	Zip:		
Telephone No.:	Email:	Married <input type="checkbox"/>	Unmarried <input type="checkbox"/>	Separated <input type="checkbox"/>	Widowed <input type="checkbox"/>	

Section II – PROPERTY INFORMATION

PROPERTY INFORMATION			
Subject property address (Street, City, State & ZIP) <i>If different than above</i>			No. of Units
Legal Description of Subject Property (attach description if necessary)			Year Built
Year Property Acquired	Original Cost	(a) Present value of lot	(b) Cost of Improvement
	\$	\$	\$
Total (a+b) \$	Title is held in what name:		

Section III – EMPLOYMENT INFORMATION *Only Complete if applying to Affordable Housing Now Loan Fund*

APPLICANT EMPLOYMENT INFORMATION	
Name and address of employer	Self Employed?
	Yrs. on this job
Position/Title/Type of Business	Yrs. employed in this line of work/profession
Business Phone (incl. area code)	

If employed in current position for less than two years or if currently employed in more than one position, complete the following:

Name and address of employer	Dates (from to)
	Monthly Income
Position/Title/Type of Business	Business Phone (incl. area code)
Name and address of employer	Dates (from to)
	Monthly Income
Position/Title/Type of Business	Business Phone (incl. area code)

CO-APPLICANT EMPLOYMENT INFORMATION	
Name and address of employer	Self Employed?
	Yrs. on this job
Position/Title/Type of Business	Yrs. employed in this line of work/profession
Business Phone (incl. area code)	

If employed in current position for less than two years or if currently employed in more than one position, complete the following:

Name and address of employer	Dates (from to)
	Monthly Income
Position/Title/Type of Business	Business Phone (incl. area code)
Name and address of employer	Dates (from to)
	Monthly Income
Position/Title/Type of Business	Business Phone (incl. area code)

Section IV – INCOME & HOUSING EXPENSES **Only Complete if applying to Affordable Housing Now Loan Fund**

MONTHLY INCOME AND COMBINED HOUSING EXPENSE INFORMATION						
Gross Monthly Income	Applicant	Co-Applicant	Total	Combined Monthly Housing Expenses	Present	Proposed
Base Empl. Income*				Rent		
Overtime				First Mortgage (P&I)		
Bonuses				Other Financing (P&I)		
Commissions				Hazard Insurance		
Dividends/Interest				Real Estate Taxes		
Net Rental Income				Mortgage Insurance		
Other				Homeowner Assn. Dues		
Other				Other:		
TOTAL				TOTAL		

Section V – ASSETS & LIABILITES must disclose all ASSETS

ASSETS

List checking and savings accounts below

Name and address of Bank, S&L, or Credit Union	Cash or Market Value
Account No.	
	\$
Name and address of Bank, S&L, or Credit Union	
Account No.	
	\$
Name and address of Bank, S&L, or Credit Union	
Account No.	
	\$
Stock & Bonds (Company name & Description)	
Account No.	
	\$
Life insurance net cash value face amount:	
Account No.	
	\$
Subtotal Liquid Assets	\$
Real estate owned (enter market value)	
	\$
Vested interest in retirement fund	
	\$
Net worth of business(es) owned	
	\$
Automobiles owned (make and year)	
	\$
Other Assets (itemize)	

	\$
TOTAL Assets (a)	\$

LIABILITIES Only complete if applying to Affordable Housing Now Loan Fund

Name and address of Company	Monthly Payment & Months Left to Pay	Unpaid Balance
	\$ Payment/Months	
Name and address of Company	Monthly Payment & Months Left to Pay	Unpaid Balance
	\$ Payment/Months	\$
Name and address of Company	Monthly Payment & Months Left to Pay	Unpaid Balance
	\$ Payment/Months	\$
Name and address of Company	Monthly Payment & Months Left to Pay	Unpaid Balance
	\$ Payment/Months	\$
Name and address of Company	Monthly Payment & Months Left to Pay	Unpaid Balance
	\$ Payment/Months	\$
Alimony/Child Support/	Monthly Payment & Months Left to Pay	Unpaid Balance
	\$ Payment/Months	\$
Job-Related Expense (child care, union dues,	Monthly Payment & Months Left to Pay	Unpaid Balance
	\$ Payment/Months	\$
TOTAL Monthly Payments	\$	

TOTAL LIABILITIES (b)	\$
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NET WORTH (a minus b)	\$
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Section VI – SCOPE OF WORK

PLEASE GIVE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOUR PROPERTY NEEDS:

Please attach full detailed scope of work, along with development budget/Sources and Uses Budget.

Section VII – INCOME QUALIFICATION

AT LEAST 51% OF THE BUILDING MUST BE AFFORDABLE HOUSING

# of Units in building	Minimum # of Affordable Housing Units Required
2 <input type="checkbox"/>	1
3 <input type="checkbox"/>	2
4 <input type="checkbox"/>	3

HOW TO MEET DEFINITION OF AFFORDABLE HOUSING- MUST MEET TWO CRITERIA

1. Combined gross income of everyone over 18 years old in the household must be below HUD Annual Income Limits.

2. HUD FY 2020 INCOME LIMITS – WORCESTER COUNTY effective Apr 1, 2020

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CURRENT UNIT MAKEUP

Unit #	Tenant Name (if owner, write owner. If vacant, write vacant)	Affordable Unit (current and or proposed)	Market Rate Unit (current and or proposed)	If vacant, how long has been vacant?
1		<input type="checkbox"/>	<input type="checkbox"/>	
2		<input type="checkbox"/>	<input type="checkbox"/>	
3		<input type="checkbox"/>	<input type="checkbox"/>	
4		<input type="checkbox"/>	<input type="checkbox"/>	

Please submit Affordable Housing Eligibility Application for each affordable housing unit.

Please submit Vacant Unit Statement Form if there are any vacant units.

Section VIII – DEMOGRAPHIC INFORMATION **Only complete if applying to Affordable Housing Now Loan Fund**

GOVERNMENT MONITORING INFORMATION ADDENDUM TO APPLICATION

- ONLY FOR USE WHEN COLLATERAL IS OR INCLUDES ONE OR MORE RESIDENTIAL DWELLINGS
- IF THE APPLICANT IS NOT A NATURAL PERSON (BUSINESS/TRUST) PLEASE CHECK HERE AND DISREGARD THE REMAINDER:
- Each **Individual** applicant that is a natural person (not a business entity) is asked to complete a separate Addendum.

Demographic Information of Borrower

The purpose of collecting this information is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, sex, and race) in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to provide this information, but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race." **The law provides that we may not discriminate** on the basis of this information, or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, Federal regulations require us to note your ethnicity, sex, and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

Ethnicity: Check one or more

- Hispanic or Latino
 - Mexican Puerto Rican Cuban
 - Other Hispanic or Latino – Print origin: _____
 - For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.*
- Not Hispanic or Latino
- I do not wish to provide this information

Sex

- Female
- Male
- I do not wish to provide this information

Race: Check one or more

- American Indian or Alaska Native – Print name of enrolled or principal tribe: _____
- Asian
 - Asian Indian Chinese Filipino
 - Japanese Korean Vietnamese
 - Other Asian – Print race: _____
 - For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.*
- Black or African American
- Native Hawaiian or Other Pacific Islander
 - Native Hawaiian Guamanian or Chamorro Samoan
 - Other Pacific Islander – Print race: _____
 - For example: Fijian, Tongan, and so on.*
- White
- I do not wish to provide this information

To Be Completed by Financial Institution (for application taken in person):

- Was the ethnicity of the Borrower collected on the basis of visual observation or surname? NO YES
- Was the sex of the Borrower collected on the basis of visual observation or surname? NO YES
- Was the race of the Borrower collected on the basis of visual observation or surname? NO YES

The Demographic Information was provided through:

- Face-to-Face Interview (includes Electronic Media w/ Video Component)
- Telephone Interview
- Fax or Mail
- Email or Internet

Section IX – THIRD PARTY AUTHORIZATION FORM Only complete if applying to Affordable Housing Now Loan Fund

Affordable Housing Now Loan Fund

GRANTOR: CITY OF WORCESTER

The Applicant and Co-Applicant (if any) named below (individually and collectively, “Applicant”), Authorize the above Grantor and the following Third Parties:

**Lender (“Servicing Institution”)
Affordable Housing Now Loan Fund**

(individually and collectively, “Third Party”) to share, release, discuss, and otherwise provide to and with each other, and/or their agents or other authorized representatives, public and non-public personal information contained in or related to the Grant and or Loan account of the Applicant. This information may include (but is not limited to) the name, address, telephone number, social security number, credit score, credit report, income documentation, assets and liabilities, government monitoring information, loss mitigation application status, account balances, program eligibility, and payment activity of the Applicant. The Applicant and Co-Applicant (if any) also understand and consent to the disclosure of public and non-public personal information by and between the Designated Servicing Institution, Intake Representative, and the United States Department of Housing and Urban Development (“HUD”), and/or its agents or other authorized representative, in connection with its responsibilities under the Community Development Block Grant Program (CDBG) and Affordable Housing Now Loan Fund Program (“AHNLF”), including but not limited to application intake, data and documentation verification, program and assistance evaluation, underwriting, monitoring, and oversight.

The Grantor will take reasonable steps to verify the identity of a Third Party. The Grantor also has no responsibility or liability for what a Third Party does with such information. This Third-Party Authorization is valid when signed by all Applicants and Co-Applicants named on the Grant and or Loan. This Third-Party Authorization is invalid when the Grantor receives a written revocation signed by any Applicant or Co-Applicant.

BY SIGNING THIS FORM, I CERTIFY THAT I UNDERSTAND AND AGREE TO THE TERMS OF THIS THIRD-PARTY AUTHORIZATION.

APPLICANT:

CO-APPLICANT:

Printed Name of Authorized Official/Title

Printed Name of Authorized Official/Title

Signature of Authorized Official/Title

Signature of Authorized Official/Title

Date

Date

Section X – STATEMENT OF APPLICANT

The undersigned acknowledges the following:

1. That, to the best of its knowledge and belief, all information provided is accurate, true and correct and all estimates are reasonable.
2. That this request may be forwarded for consideration under other budget processes if it is determined that alternative sources may be appropriate.
3. That the City of Worcester may request or require changes in the information submitted, and may substitute its own figures which it deems reasonable for any or all figures provided. That the applicant will participate, if necessary in a required interview for project assessment and cooperatively assist in the review process.
4. **That, if the project is recommended and approved by City Manager, the City reserves the right to reduce and/or cancel the allocation if federal entitlements are cancelled, reduced, or rescinded.**
5. The City of Worcester reserves the right not to fund any submittals received.
6. By submission of this application, the organization agrees to abide by the federal regulations applicable to this program.
7. That, if the project is funded, the organization agrees to abide by the city's locally established policies and guidelines
8. That past program and financial performance will be considered in reviewing this application.
9. That services are to be provided at minimal cost to citizens during the grant period. All program income (i.e., fees, repayments, foreclosures, etc.) must be remitted to the City.
10. That, if the project is funded, the City or a designated Entity may conduct an accounting system inspection to review internal controls, including procurement and uniform administrative procedures, prior to issuance of payments for projected expenditures.
11. **That, if the project is funded, the City will perform an environmental review prior to the obligation of funds.**
12. That, if the project is funded, a written agreement that includes a statement of work, records retention and reporting, program income procedures, local and federal requirements, circumstances that would trigger grant suspensions and terminations, and reversions of assets would be required between the organization and the city.
13. That a project's funding does not guarantee its continuation in subsequent action plans.
14. That proof of insurance (general comprehensive public liability insurance with a company licensed to do business in Massachusetts, and in the aggregate naming the City of Worcester, its employees and agents as additional insures) will be submitted to the city prior to receiving funds.
15. That proof of Fidelity Bonding, in an amount to be determined by the City of Worcester, with a company licensed to do business in Massachusetts will be submitted to the city prior to receiving funds.
16. Provide written signatory authority from the organization's governing body indicating who can execute contracts and amendments on its behalf.
17. Agrees to abide by the City of Worcester's Conflict of Interest policy. Items of concern would include staff members serving on the Board of Directors, staff members' families serving on the Board of Directors, and other matters that may give the appearance of a conflict of interest.
18. Agrees to comply with the following: Fair Housing Act, Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990

PENALTY FOR FALSE OR FRAUDULENT STATEMENT
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U.S. Code Title 18, Section 1001, provides that a fine of up to \$10,000 or imprisonment for a period not to exceed five years, or both, shall be the penalty for willful misrepresentation and the making of false, fictitious statements, knowing same to be false.

Certification: To the best of my knowledge and belief, the data in this application are true and correct. This document has been duly authorized by the governing body of the applicant. The applicant will comply with federal and state regulations if assistance is approved.

Signature of Authorized Official/Title

Date

GUIDANCE ON SECTION 3

(Refer to 24 CFR Part 135 for complete information)

WHAT IS SECTION 3?

Section 3 of the Housing and Urban Development Act of 1968 (Section 3), as amended by the Section 915 of the Housing and Community Development Act of 1992, requires that economic opportunities generated by HUD financial assistance for housing and community development programs be targeted toward low- and very low- income persons. In effect, this means:

- ❑ Whenever HUD assistance generates opportunities for employment or contracting, Public and Indian Housing Authorities, state and local grantees, and other recipients of HUD housing assistance funds must, to the greatest extent feasible, provide these opportunities to low- and very low-income persons and to businesses owned by or employing low- and very low-income persons.
- ❑ The Section 3 requirements apply to job training, employment, contracting and subcontracting and other economic opportunities arising from assistance provided for construction, reconstruction, conversion, or rehabilitation (including lead-based paint hazard reduction and abatement) of housing, other buildings, or improvements assisted with housing or community development assistance, including HOME.
- ❑ Section 3 applies to:
 - projects for which HUD's share of project costs exceeds \$200,000; and
 - contracts and subcontracts awarded on projects for which HUD's share or project costs exceeds \$200,000, and the contract or subcontract exceeds \$100,000.
- ❑ Recipients whose projects do not fall under Section 3 are nonetheless encouraged to comply with the Section 3 preference requirements.
- ❑ Recipients and their contractors and subcontractors must show preferences for giving training and employment opportunities to low-income persons, to the greatest extent feasible. They should show priority considerations for hiring low-income persons as follows:
 1. Low-income persons residing in the service area or neighborhood in which the project is located.
 2. Participants in HUD Youthbuild programs.
 3. If project is assisted under the McKinney Act, homeless persons in the project area of the project.
 4. Other Section 3 residents.Again, the persons hired should be qualified to perform the work required.
- ❑ Recipients and their contractors and subcontractors must direct their efforts to award economic opportunities, to the greatest extent feasible, to Section 3 business concerns in the following preference order:
 1. Section 3 businesses that operate in the project area.
 2. Entities that carry out Youthbuild programs.
 3. Other Section 3 business concerns.

The business must be able to demonstrate that it can successfully perform under the terms and conditions of the proposed contract. In addition, these requirements do not

GUIDANCE ON SECTION 3

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restrict competition to only businesses meeting one of the priorities, nor do they authorize set-asides.

COMPLIANCE AND RECORDKEEPING

- ❑ Numerical goals for meeting the greatest extent feasible requirement:

- For training and employment opportunities resulting from Section 3-covered housing assistance, a commitment to employ 10% of the aggregate number of new hires each year over the duration of the Section 3 project.
 - For training and employment opportunities resulting from Section 3-covered community development assistance, a commitment to employ 30% of the aggregate number of new hires for a one-year period.
 - For contracts awarded in connection with Section 3-covered projects, a commitment to award at least 10% of the total dollar amount of contracts for building trades work and at least 30% of the total dollar amount of all other Section 3-covered contracts.
- All recipients of assistance must:
- Amend their employment and procurement policies to comply with Section 3.
 - Include the Section 3 clause in covered contracts and subcontracts.
 - Document their best efforts to comply with Section 3 and their success at hiring low-income persons.
 - Monitor their own compliance and the compliance of their contractors and subcontractors.
 - Provide annual reports to the Assistant Secretary for Fair Housing and Equal Opportunity as requested.
- Recipients must maintain the following records:
- The good faith efforts made to make low-income persons aware of the positions, and to encourage and facilitate their application.
 - The number and dollar value of all contracts awarded to businesses and, in particular, Section 3 businesses during the fiscal year.
 - A description of the best efforts made to award contracts to Section 3 businesses.
 - The mechanisms by which they ensured that contractors and subcontractors complied with the Section 3 preferences for training, employment, and contract awarding.
- The Assistant Secretary for Fair Housing and Equal Opportunity will conduct periodic compliance reviews.

GUIDANCE ON MBE/WBE OUTREACH

I. Minimum Acceptable Outreach Standards

Section 281 of the National Affordable Housing Act requires each participating jurisdiction to prescribe procedures acceptable to the Secretary to establish and oversee a minority outreach program. The program shall include minority and women-owned businesses in all contracting activities entered into by the participating jurisdiction to facilitate the provision of affordable housing authorized under this Act or any other federal housing law applicable to such jurisdiction. Therefore, minimum HUD standards require that each participating jurisdiction's outreach effort to minority and women-owned businesses be:

- ❑ A good faith, comprehensive and continuing endeavor;
- ❑ Supported by a statement of public policy and commitment published in the print media of widest local circulation;
- ❑ Supported by an office and/or a key, ranking staff person with oversight responsibilities and access to the chief elected official; and
- ❑ Designed to utilize all available and appropriate public and private sector local resources.

II. Guidelines for a Minority/Women Business Outreach Program

Under the minimum HUD standards cited above, the following guidelines are provided for use by participating jurisdictions in implementing outreach programs to ensure the inclusion, to the maximum extent possible, of entities owned by minorities and women. Each participating jurisdiction should:

- ❑ Develop a systematic method for identifying and maintaining an inventory of certified minority and women's business enterprises (MBEs and WBEs), their capabilities, services, supplies, and/or products;
- ❑ Utilize the local media, electronic and print, to market and promote contract and business opportunities for MBEs and WBEs;
- ❑ Develop informational and documentary materials (fact sheets, program guides, procurement forecasts, etc.) on contract/subcontract opportunities for MBEs and WBEs;
- ❑ Develop procurement procedures that facilitate opportunities for MBEs and WBEs to participate as vendors and suppliers of goods and services;
- ❑ Sponsor business opportunity-related meetings, conferences, seminars, etc., with minority and women business organizations; and
- ❑ Maintain centralized records with statistical data on the utilization and participation of MBEs and WBEs as contractors/subcontractors in all HUD-assisted program contracting activities.

Each participating jurisdiction, utilizing the standards and guidelines listed above, shall prescribe procedures and actions it will undertake in implementing a minority and women's business enterprise outreach program. The above items represent basic outreach-related activities and are not all-inclusive actions a participating jurisdiction may undertake.

TIER II DOCUMENTATION CHECKLIST

DOCUMENT CHECKLIST / APPLICATION REVIEW

Applicant Name: _____ Property Address: _____

Description	YES	NO	N/A	COMMENTS
1. Application Completed & Signed Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Detailed Scope of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Sources and Uses Budget, Development Budget, 10 Year Operational Proforma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Federal Employment Identification Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. DUNS (Dun and Bradstreet (D&B)) 9-Digit Number & Certification: Data Universal Numbering System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. State and Federal Tax Exemption Determination Letters (for nonprofit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Proof of SAM.gov registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Affordable Housing Eligibility Application for all affordable units and Income documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. List of Asset Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Matching Funds Commitments Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. 504 Self Evaluation Plan (Americans with Disabilities Act) Agencies with 15 Employees or More	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Tenant Selection Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Relocation Plan (if necessary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Section 3 Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. MBE/WBE Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

AFFORDABLE HOUSING ELIGIBILITY APPLICATION

Unit _____ out of _____

Owner _____ Tenant _____

GENERAL APPLICANT INFORMATION

Applicant Name: _____

Co Applicant: _____

Mailing Address: _____ Zip: _____

Telephone #: _____ Work telephone #: _____

E-mail Address _____

How many bedrooms in your apartment? _____ How many people in your household? _____

If Tenant

Total monthly rent: \$ _____ Do you receive a rental subsidy? Yes No

If you do receive a rental subsidy is it: Section 8 MVRP

Which utilities do you pay? None Heat Hot Water Electricity Cooking

HOUSEHOLD EMPLOYMENT & INCOME INFORMATION

Please list all persons who intend to reside in the property. All income must be listed for all household members over the age of 18.

Types of income, as highlighted in 24 CFR 5.609(b), to be included: gross wages, salaries, overtime, fees, tips, and bonuses from all jobs, Net income from business, interest and dividends, Social Security income (if applicable), SSI Disability, annuities, pensions, insurance policies, unemployment income, disability income, workman's compensation, welfare assistance, alimony, child support, and all regular and special pay through the Armed Forces.

Name	Employer	Age	Relationship to Applicant	Type of Income / Annual Income

AFFIRMATIVE MARKETING REQUIREMENTS:

Your response to this section is optional. This section will assist the City of Worcester in fulfilling affirmative marketing requirements. Check as many as apply.

Racial Makeup

- White
- Native Hawaiian or Pacific Islander
- Black or African American
- American Indian/Alaska Native & Black or African America
- Other Multi-Racial
- Check if Head of House is Hispanic
- Check if Head of Household is Female
- Asian
- American Indian/Alaskan Native
- Black or African American & White
- Hispanic
- Male Female
- Check if Elderly Applicant (over 62)

ACKNOWLEDGEMENT

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Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____
(If applicable)

AFFORDABLE HOUSING ELIGIBILITY APPLICATION CHECKLIST

DOCUMENT CHECKLIST / APPLICATION REVIEW

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AFFORDABLE HOUSING ELIGIBILITY APPLICATION

Unit _____ out of _____

Owner _____ Tenant _____

GENERAL APPLICANT INFORMATION

Applicant Name: _____

Co Applicant: _____

Mailing Address: _____ Zip: _____

Telephone #: _____ Work telephone #: _____

E-mail Address _____

How many bedrooms in your apartment? _____ How many people in your household? _____

If Tenant

Total monthly rent: \$ _____ Do you receive a rental subsidy? Yes No

If you do receive a rental subsidy is it: Section 8 MVRP

Which utilities do you pay? None Heat Hot Water Electricity Cooking

HOUSEHOLD EMPLOYMENT & INCOME INFORMATION

Please list all persons who intend to reside in the property. All income must be listed for all household members over the age of 18.

Types of income, as highlighted in 24 CFR 5.609(b), to be included: gross wages, salaries, overtime, fees, tips, and bonuses from all jobs, Net income from business, interest and dividends, Social Security income (if applicable), SSI Disability, annuities, pensions, insurance policies, unemployment income, disability income, workman's compensation, welfare assistance, alimony, child support, and all regular and special pay through the Armed Forces.

Name	Employer	Age	Relationship to Applicant	Type of Income / Annual Income

AFFIRMATIVE MARKETING REQUIREMENTS:

Your response to this section is optional. This section will assist the City of Worcester in fulfilling affirmative marketing requirements. Check as many as apply.

Racial Makeup

- White
- Native Hawaiian or Pacific Islander
- Black or African American
- American Indian/Alaska Native & Black or African America
- Other Multi-Racial
- Check if Head of House is Hispanic
- Check if Head of Household is Female
- Asian
- American Indian/Alaskan Native
- Black or African American & White
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