



*State of Connecticut*

State Housing Rehabilitation &  
Preservation Application

*Department of Economic and Community  
Development*

*Catherine H. Smith, Commissioner*

*In conjunction with the*

*Connecticut Housing Finance Authority*

*Susan Whetstone, Interim President-Executive Director*

**Application Instruction – Please provide one original and one copy of the application. Please label all attachments.**

**A. Data**

Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact/Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ FEIN #: \_\_\_\_\_

**B. Qualified Development Team Contact Information**

Provide information identifying the proposed qualified development team members on the form provided. Submit as Attachment B-1. Provide descriptions of relevant experience and qualifications for each team member including projects they have completed in the past which are similar to the proposed project on the Applicant Capacity Form provided. Submit as Attachment B-2. Include resumes for all development team members. Submit as Attachment B-3. Current or previous litigation for development team members must be disclosed in Question C.

**C. Litigation**

Are there any current or pending litigation claims against you? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain and include as Attachment C.

**D. Organizational Documents**

Submit a copy of any incorporation documents and by laws, if applicable, including documentation of non-profit status and certificate of legal existence. Submit as Attachment D.

**E. Financial Assistance Request**

Development Name: \_\_\_\_\_  
Address of Development: \_\_\_\_\_  
Date of Original Assistance Agreement: \_\_\_\_\_ Number of Units: \_\_\_\_\_  
Original Project Number: \_\_\_\_\_ Number of Project Buildings: \_\_\_\_\_  
Name of Original Financing Program: \_\_\_\_\_  
Original Date of Occupancy: \_\_\_\_\_  
Is there a restrictive covenant placed on the property: Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, attach copy as Attachment F.  
  
Amount of Assistance Requested: \$ \_\_\_\_\_

F. **Description of Requested Capital Improvement Work:** (Please include additional information on an attached sheet, and submit as Attachment F, if necessary)

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G. **Comprehensive Capital Needs Assessment:** Is there a Comprehensive Capital Needs Assessment for this project in a format prescribed by CHFA and that was prepared with in the last year?
Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please submit as Attachment # G. .

H. **Financial Assistance Worksheet:** Complete Worksheet and submit as Attachment # H.

I. **Vacancy Rate:** What is the current vacancy rate for your project? \_\_\_\_\_

J. **Total Requested Improvement Project Cost Estimate:** Complete the DECD Project Budget and Financing Plan and submit as Attachment J.

K. **Sources of Funds:** List all proposed sources for financing on the form provided and submit as Attachment K-1. Provide terms and repayment provisions. Please provide any and all letters of commitment that you have at this time and submit as Attachment K-2. Funding commitments for all funding sources are not required at the time of application and DECD may issue a non-binding letter of financing interest without funding commitments. However, applications are scored based on the level of commitment from other sources.

L. **Operating Reserves**

**Reserves expended in most recent 3 years (from date of application):**

Table with 3 columns: Description, Amount, Date Completed. Includes four rows of blank lines for data entry.

**Reserves committed for work in progress:**

Description	Amount	Date Commenced
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Reserves committed for this project:**

Description	Amount	Date Will Commence
_____	_____	_____
_____	_____	_____
_____	_____	_____

**M. Flood Zone:** Is any part of the housing development located in a 100 or 500 year flood plain? If yes please provide further information. Submit as Attachment M.

**N. Hazardous Materials:** Have there been any environmental studies or remediation on the property? If yes, provide further information.

- Phase I
- Phase II
- Phase III
- Remediation

In order for an environmental study (s) to be accepted by DECD/CHFA, it must have been prepared by a licensed Connecticut Environmental Professional. Submit as Attachment N.

**O. Construction Documents Status:** At minimum, please provide Outline Specifications on the form provided. If you have further documents please specify and submit as Attachment O.

**P. Zoning/Permits:** Are any zoning or special permits required for the proposed rehabilitation? Include CT. Historic Commission. Please list below:

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- Q. Temporary Relocation:** Are you requesting relocation funds? Yes \_\_\_ No \_\_\_ (If no, go to R.)
- Funds for relocation and alternative housing costs will be paid for not more than sixty days, **WHEN MADE** necessary because of failure of a major building system or hazardous waste removal that would result in a loss of habitable units. If necessary, please submit a temporary relocation plan in accordance with the attached guidance as Attachment Q.
- R. Anti-Displacement Certification:** All applicants must complete the Sworn Certification of Non-Displacement and submit as Attachment R.
- S. Plan of Stability of Operations:** Please provide a narrative operational plan demonstrating how this funding will provide stability of operations for the project for the minimum requirement of 15 years. Applications are scored based on steps to be taken regarding rent structures, marketing units, deposits to reserves to address future capital needs, reduction in operating expenses, etc. Please provide a plan with back up documentation, if available. Submit as Attachment S.
- T. Energy Conservation:** Has an energy audit been performed and the recommendations been incorporated into the application request? Please submit audit as Attachment T.
- U. Resident Participation/Empowerment:** (NOT REQUIRED) Although not required due to the limitations on rehabilitation under this program, applicants may submit documentation verifying compliance with the provisions of Public Act 11-72 AN ACT CONCERNING RESIDENT PARTICIPATION IN THE REVITALIZATION OF PUBLIC HOUSING. Please include as Attachment U.
- V. Affirmative Fair Housing Marketing Plan/Tenant Selection Policy:** Please submit your most recently approved Affirmative Fair Housing Marketing Plan and Tenant Selection Policies. Please include as Attachment V.
- Other Required Forms/Information:** Please submit as Attachments W-Y to the application package.
- W. Form W-9** – form attached.
- X. State of Connecticut Agency Vendor Form** – form attached
- Y. SEEC Form 10** - form attached

CERTIFICATIONS

Use of Funds

The undersigned understands that funding resulting from this application is one-time in nature and that there is no obligation for additional funding from the Department of Economic and Community Development and/or the Connecticut Housing Finance Authority. In addition, the undersigned agrees that any funds that may be provided pursuant to this application be utilized exclusively for the purposes represented in this application, as may be amended and accepted by the Department of Economic and Community Development and/or the Connecticut Housing Finance Authority.

References

The undersigned agrees that banks, credit agencies, the Connecticut Department of Labor, the Connecticut Department of Revenue Services, the Connecticut Department of Environmental Protection, and other references are hereby authorized now, or anytime in the future, to give the Department of Economic and Community Development and/or the Connecticut Housing Finance Authority any and all information in connection with matters referred to in this application, including information concerning the payment of taxes by the Applicant and Co-Sponsor.

False Statement

The undersigned understands that the Department of Economic and Community Development and/or the Connecticut Housing Finance Authority will rely on the information in this application and that, if the application is approved, **any deliberate omissions, misrepresentations and/or incorrect statements in this application may result in withdrawal of the application** from the review process at the Department of Economic and Community Development's and/or the Connecticut Housing Finance Authority's discretion. The undersigned understands that he/she may be prosecuted for false statement under the laws of the State of Connecticut under Section 53a-157 of the General Statutes, as amended from time to time, for any false statement made herein.

Authorization

The undersigned has been duly authorized by resolution of the Applicant's governing body to submit the attached in its name and knows of no reason why the Applicant cannot complete the project in accordance with the representations contained herein. Such resolution is submitted with this application. It is further understood and agreed that the undersigned is under a continuing obligation to inform the Department of Economic and Community Development and/or the Connecticut Housing Finance Authority in writing of any corrections, omissions or material changes in this application and its exhibits.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Sponsor Signature

\_\_\_\_\_  
Date

Rating Criteria

**1. FINANCING AND READINESS TO PROCEED ( 55 points)**

**a. Commitment of Funds (non-DECD)**

Points will be awarded to proposals that have soft or firm commitment from sources other than DECD. Soft commitments are represented as letters of interest, firm commitments are represented a terms sheets from funder in specific amounts. Other sources may include loans (CHFA or other), reserves, and project-based Section 8.

Commitment Level	Points
All Firm Commitments	15
Firm Commitments for 50% or more of leveraged funds	10
Soft Commitments only	5
No Commitments	0

**b. Maximizing DECD Funds**

Points will be awarded based on the proportion of DECD funds to the Total Development Cost (TDC)

% of DECD Funds	Points
<30 % TDC	15
≥30% and <50% TDC	10
≥50% and <75% TDC	5
≥75% TDC	0

**c. Energy Conservation**

Points will be awarded to proposals that have evidence of having performed an energy audit, and its recommendations have been incorporated into the development plan.

Energy Audit Recommendations in Place	Points
Yes	5
No	0

**d. Flood Plain**

If the proposed development is in a 100 or 500 year flood zone, a waiver from the Dept. of Energy and Environmental Protection will be necessary to proceed. Points will be awarded to developments that are not in a flood zone, or are in a flood zone and have received the waiver from DEEP.

Flood Plain Waiver	Points
Yes (or not required)	5
No	0

**e. Stabilization Plan**

Points will be awarded for proposals who have developed an operational plan that demonstrates that the property will be financially sustainable for 15 years. A supporting Proforma must also be submitted.

Stabilization Plan	Points
Yes	15
No	0

**2. MUNICIPAL COMMITMENT & IMPACT ( 20 points)**

**a. Local Availability of Affordable Rental Housing**

Points will be awarded for proposals where the housing development is the only affordable housing or represents more than 50% of the affordable units in the city/town.

% of Affordable Housing	Points
100%	10
≥50% and <99%	5
<50%	0

**b. Minimal Displacement of Residents**

For development proposals requiring temporary relocation, a relocation plan must be submitted with this application. Points are awarded for minimal displacement of residents.

Relocation Activity	Points
No Relocation	5
Temporary Relocation (with plan)	3
Temporary Relocation (without plan)	0

**c. Reduction of Vacant Units**

Points will be awarded to proposals that address how the rehabilitation will directly reduce vacancy to 5% or less. Applicant must demonstrate a need for the units in the community.

Current Vacancy Rate	Points
≤15% Vacancy	5
≤12 % and ≤14% Vacancy	3
≤9 % and ≤11% Vacancy	2
≥6% and ≤8% Vacancy	1
≤5% Vacancy	0

**3. APPLICANT CAPACITY & QUALIFIED DEVELOPMENT TEAM ( 25 points)**

**a. Capital Needs Assessment (CNA)**

The highest ranked 15 proposals will be provided a CNA, conducted by a qualified professional firm, to assist in confirming capital priorities and costs. However, proposals will be awarded points if the owner has had a CNA performed by a third party professional, in accordance with CHFA standards, in the past twenty four months.

Recent CNA in Place	Points
Yes	5
No	0

**b. Local Zoning Approvals**

Points will be awarded for proposals that don't need zoning approval and those that require zoning approval, and have evidence of approval.

Zoning Approvals	Points
Yes (or not required)	5
No	0

**c. Development Team Experience**

Proposals will be awarded points based on the years of direct experience of each development team member with similar projects.

<b>Years of Experience</b>	<b>Points</b>
≥10 years	15
≥5 and <10 years	10
< 5 years	0