

Local Housing Trust Fund (LHTF) Program Application

Rev. 2/2023

2023 Notice of Funding Availability



**State of California
Governor Gavin Newsom**

**Lourdes Castro Ramírez, Secretary
Business, Consumer Services and Housing Agency**

**Gustavo Velasquez, Director
Department of Housing and Community Development**

2020 West El Camino Avenue, Suite 150, Sacramento, CA 95833
[Website for Local Housing Trust Fund](#)
Program Email: LHTF@hcd.ca.gov

NOFA Release: March 7, 2023

Project and Applicant Information

Rev. 2/2023

§101(p) "Local Housing Trust Fund" definition

§101(dd) "Regional Housing Trust Fund" definition.

§102 Eligible Applicants

Applicant Type: (a) City and County

Applicant Information

Applicant Name:	Mayor's Office of Housing on behalf of City and County of San Francisco				Organization Type:	Local Public Entity		
Address:	1 South Van Ness Ave, 5th floor	City:	San Francisco	County:	San Francisco	State:	CA	
Zip Code:	94103		Auth Rep. Email:		eric.shaw@sfgov.org			
Auth Rep Name:	Eric D. Shaw	Title:	Director	Auth Rep. Email:		eric.shaw@sfgov.org		
Phone:	(415) 701-5500		City:		San Francisco		State:	CA
Address:	1 South Van Ness Ave, 5th floor	City:	San Francisco	State:	CA	Zip Code:	94103	
Contact Name:	Mara Blitzer	Title:	Dir. of Special Projects	Contact Email:	mara.blitzer@sfgov.org			
Phone:	(628) 652-5820		City:		San Francisco		State:	CA
Address:	1 South Van Ness Ave, 5th floor	City:	San Francisco	State:	CA	Zip Code:	94103	

Trust Fund Information

Full Trust Fund Name:	San Francisco Housing Trust Fund				Date Established:	7/24/12	
Trust Fund Address:	1 South Van Ness Ave, 5th floor	City:	San Francisco	State:	CA	Zip Code:	94103
Trust Fund Type:	(a) Existing Local Housing Trust Fund (or Existing Regional Housing Trust Fund)						

(a) The minimum application request shall be \$1 million with a max request of \$5 million. Amount of LHTF Program Funds Requested: **\$5,000,000**

Proposed Activity Timeline - provide a timeline of implementation of your Project(s) (§101(g), (1)(2)(3)&(4))

Project Type and Activity	Name of Project	When will you issue commitments?	When will you issue a NOFA/RFQ?	When will loan closing occur?	When do you anticipate disbursement of LHTF funds?	Amount of Matching Funds designated to project:	Amount of Program Funds designated to project:
Rental new construction	TBD from pipeline	1/1/2024	Completed	6/1/2024	6/1/2024	\$5,000,000	\$5,000,000

Certifications

On behalf of the entity identified below, I certify that: The information, statements and attachments included in this application are, to the best of my knowledge and belief, true and correct and I possess

Eric D. Shaw	Director	5/10/2023
Authorized Representative Printed Name	Title	Signature (Please Type Name)
		Date

Minimum Amount of Matching Funds	\$1,500,000	\$0	\$3,500,000	
NOFA Section II(G)(1)(f) Loan Guidelines and Underwriting Standard and Procedures				
Applicant has adopted the Uniform Multifamily Regulations (UMRs) as their loan guidelines, underwriting standards, and procedures. The UMRs can be found on our website at https://hcd.ca.gov/grants-funding/already-have-funding/uniform-multifamily-regulations/docs/uniform-multifamily-regulations-2017.pdf				No

Certification & Legal Status

Legal Disclosure

For purposes of the following questions, and with the exceptions noted below, the term "applicant" shall include the applicant and joint applicant, and any subsidiary of the applicant or joint applicant if the subsidiary is involved in (for example, as a guarantor) or will be benefited by the application or the project.

In addition to each of these entities themselves, the term "applicant" shall also include the direct and indirect holders of more than ten percent (10%) of the ownership interests in the entity, as well as the officers, directors, principals and senior executives of the entity if the entity is a corporation, the general and limited partners of the entity if the entity is a partnership, and the members or managers of the entity if the entity is a limited liability company. For projects using tax-exempt bonds, it shall also include the individual who will be executing the bond purchase agreement.

The following questions must be responded to for each entity and person qualifying as an "applicant," or "joint applicant" as defined above.

Explain all positive responses on a separate sheet and include with this questionnaire in the application.

Exceptions: Public entity applicants without an ownership interest in the proposed project, including but not limited to cities, counties, and joint powers authorities with 100 or more members, are not required to respond to this questionnaire.

Members of the boards of directors of non-profit corporations, including officers of the boards, are also not required to respond. However, chief executive officers (Executive Directors, Chief Executive Officers, Presidents or their equivalent), and chief financial officers (Treasurers, Chief Financial Officers, or their equivalent) must respond.

Civil Matters

1. Has the applicant filed a bankruptcy or receivership case or had a bankruptcy or receivership action commenced against it, defaulted on a loan or been foreclosed against in <i>past ten years</i> ?	No
2. Is the applicant currently a party to, or been notified that it may become a party to, any civil litigation that may materially and adversely affect (a) the financial condition of the applicant's business, or (b) the project that is the subject of the application?	No
3. Have there been any administrative or civil settlements, decisions, or judgments against the applicant within the past ten years that materially and adversely affected (a) the financial condition of the applicant's business, or (b) the project that is the subject of the application?	No
4. Is the applicant currently subject to, or been notified that it may become subject to, any civil or administrative proceeding, examination, or investigation by a local, state or federal licensing or accreditation agency, a local, state or federal taxing authority, or a local, state or federal regulatory or enforcement agency?	No
5. In the past ten years, has the applicant been subject to any civil or administrative proceeding, examination, or investigation by a local, state or federal licensing or accreditation agency, a local, state or federal taxing authority, or a local, state or federal regulatory or enforcement agency that resulted in a settlement, decision, or judgment?	No

Criminal Matters

6. Is the applicant currently a party to, or the subject of, or been notified that it may become a party to or the subject of, any criminal litigation, proceeding, charge, complaint, examination or investigation, of any kind, involving, or that could result in, felony charges against the applicant?	No
7. Is the applicant currently a party to, or the subject of, or been notified that it may become a party to or the subject of, any criminal litigation, proceeding, charge, complaint, examination or investigation, of any kind, involving, or that could result in, misdemeanor charges against the applicant for matters relating to the conduct of the applicant's business?	No
8. Is the applicant currently a party to, or the subject of, or been notified that it may become a party to or the subject of, any criminal litigation, proceeding, charge, complaint, examination or investigation, of any kind, involving, or that could result in, criminal charges (whether felony or misdemeanor) against the applicant for any financial or fraud related crime?	No
9. Is the applicant currently a party to, or the subject of, or been notified that it may become a party to or the subject of, any criminal litigation, proceeding, charge, complaint, examination or investigation, of any kind, that could materially affect the financial condition of the applicant's business?	No
10. Within the past ten years, has the applicant been convicted of any felony?	No
11. Within the past ten years, has the applicant been convicted of any misdemeanor related to the conduct of the applicant's business?	No
12. Within the past ten years, has the applicant been convicted of any misdemeanor for any financial or fraud related crime?	No

Please provide a letter of explanation if you responded "Yes" to any of the questions above.

Eric D. Shaw	Director		5/10/23
Printed Name	Title of Signatory	Signature (Please Type Name)	Date

LOCAL HOUSING TRUST FUND (LHTF) Document Checklist

Use this document to properly name your attachments before uploading them with your application submission.
You must confirm below that you have completed this step.

Threshold Requirement?	What You'll Name Your Document:	Document Description	Included?
§102(d) Eligible Applicants: Previous Awardees			
Yes	Award_Commitment	Previously awarded applicants only. Documentation evidencing the commitment of at least 40% of the previously awarded LHTF funds.	Included
Yes	LHTF_AR	Previously awarded applicants only. §106(e) Submit evidence that the most recently required LHTF Annual Report was submitted to HCD State Grants Management (e.g. include a copy of the email submission)	Included
New Applicants (no previous LHTF award)			
No	MF_Commitment	New Applicants only. Documentation evidencing the commitment of at least 40% of the local Matching Funds.	
Application Information			
Yes	HTF	§102(a),(b),(c): Legislation, Ordinance, Resolution, or public-private partnership agreement creating the HTF. RHTF must include Resolution or Ordinance from each Local government entity that is a member of the RHTF (public RHTFs only).	Included
Yes (if applicable)	OrgDoc1, OrgDoc2, etc.	§106(e) Organizational Documents (Articles of Incorporation, Bylaws, Amendments, Certificate of Good Standing, etc.)	Included
Yes (if applicable)	Org_Chart	§106(e) Organizational Chart	Included
Yes (if applicable)	Gov_TIN_Form	§106(e) Government Agency Taxpayer ID Form	Included
Yes (if applicable)	STD_204	§106(e) STD-204 Payee Data Record	Included
Yes (if applicable)	Sig_Block	501(c)(3) nonprofit corporation only §106(e) - Signature Block, upload as a Microsoft Word document	
Yes (if applicable)	Fin_Statements	501(c)(3) nonprofit corporation only §106(e) - Audited financial statements (2 years)	
Yes (if applicable)	501c3_Determination	501(c)(3) nonprofit corporation only §106(e) - IRS determination letter regarding 501(c)(3) status (this letter must address the name of the 501(c)(3), which must match the name of the HTF)	
Yes	App_Reso	§106(e) Application Resolution Note: Only one Application Resolution may be submitted and must be from the Applicant. Additionally, Attachment 1 must be an attachment to the Resolution prior to approval by the governing body and must be included with your submission.	Included
Yes	Guidelines_107d	§107(d) Loan guidelines and underwriting standards and procedures	Included
Yes (if applicable)	Cert_LOE	Letter of Explanation for any applicable items on "Certification & Legal" tab of the application	N/A
Matching Funds and Ongoing Revenue			
Yes	Match_Fund_1, Match_Fund_2, etc.	§104 Required Documentation for Matching Funds	Included
Yes (if applicable)	Binding_Agreement	§104(b) Fully executed commitment letter or a fully executed contract to provide Matching Funds , specifying the source(s) of the Matching Funds, the amount of Matching Funds from each source, the date upon which the funds will be deposited into the LHTF or RHTF account, and remedies for not depositing the Matching Funds on/by that date.	
Yes	Ongoing_Rev_1, Ongoing_Rev_2, etc.	§102(a),(b),(c) Required Documentation for Ongoing Revenues	
§106 Application Scoring			
No	Readiness_1, Readiness_2, etc.	§106(f)(3) Readiness List	Included
No	LOI_1, LOI_2, etc.	§106(g)(1) Letter(s) of Intent	

I have reviewed the Document Checklist and have named my documents according to the instructions.
 I will upload all required documents to the LHTF submission portal.

Application Development Team (ADT) Support Form

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Please complete the "yellow" cells in the form below and **email a copy to: LHTF@hcd.ca.gov and to AppSupport@hcd.ca.gov.**
 A member of the LHTF Team will respond to your request ASAP.

Full Name:		Date Requested:		Application Version Date:	
Organization:		Email:		Contact Phone:	

Justification:

Issue #	Program Name	Tab	Section	Cell#	Update/Comment	Urgency	ADT Status	Status Date
1	LHTF							
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