

Homekey Round 3

Notice of Funding Availability (NOFA)

[Homekey Round 3 Application](#)



**State of California
Governor Gavin Newsom**

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

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

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Telephone: (916) 263-2771

Website: <https://www.hcd.ca.gov/grants-and-funding/homekey>

Email: Homekey@hcd.ca.gov

April 24, 2023

Homekey Round 3 Project Overview

Rev 4/23/2023

§401 Pre-Application Consultation Requirement

Has the Eligible Applicant completed a pre-application survey and received approval from the Department to submit an Application?

Pre-application surveys will be available upon the release of this NOFA and may be requested by emailing Homekey@hcd.ca.gov.

Instructions

"Yellow" shaded cells are for Applicant input. Failure to submit a complete application including the required documentation may result in the need for you to amend and resubmit your application resulting in your application's HCD review to be repositioned to the date of resubmittal.

"Red" shaded cells indicate the Applicant has likely failed to meet a Homekey requirement. 'Applicant Scoring Criteria' worksheet cells shaded in "red" indicate that the Applicant has failed to meet the minimum points required.

"Orange" shaded cells indicate required attachments. Electronically attached files must use the naming convention in the Application. For Example: "Housing Site Map" for the map indicating the original target housing location and all proposed housing location(s).

"Green" shaded cells indicate HCD Use Only.

"Blue" shaded cells indicate Application scores.

NOFA section references are made with "\$" and the corresponding NOFA section number.

Please don't hesitate to contact us with any questions or if you need assistance in completing this application.

For general Homekey NOFA and program questions, email: homekey@hcd.ca.gov.

For application specific assistance, complete the 'App Support' worksheet & email your Excel application to: homekey.help@hcd.ca.gov

For appeals, submit to: homekeyappeals@hcd.ca.gov

Homekey Summary (auto populated from Award, Match and Revenue worksheet)

| | | | | | |
|---|-----|---|-----|--|------------|
| Capital Baseline Award | \$0 | Additional Contribution | \$0 | Total Requested Capital Award | \$0 |
| Operating Subsidy | \$0 | 50% Relocation Costs | \$0 | Total Requested Operating Subsidy | \$0 |
| Total Requested Homekey Award (capital + operating + 50% relocation costs) | | | | | \$0 |
| Number of Doors at Acquisition | 0 | Number of Units Proposed in the Project | 0 | Number of Assisted Units | 0 |
| Number of At-Risk of Homelessness Units | 0 | Number of Chronically Homeless Units | 0 | Number of Homeless Units | 0 |
| Number of Homeless Youth or Youth at Risk of Homelessness Units | 0 | Number of Units accessible to persons with hearing or vision disabilities | | | 0 |
| Number of Units accessible to persons with mobility disabilities | 0 | | | | |

Project Overview

| | | | | | | | | |
|-------------------------------------|-----------------------------|---|-------------------------|----------|--------------------------|-----|----------------------------------|--|
| Project Name | | | | | | | | |
| Project Address | | Project City | | State CA | | Zip | | |
| Project County | | Is the Project in a Rural Area per H&S Code §50199.21? (use the TCAC Method for determining rural status) | | | | | | |
| Project and unit amenities/features | Kitchenettes included? | | If yes, how many units? | | Number of parking spaces | | Number of elevators | |
| | No. of residential building | | Common area (sq. ft.) | | Land area (acres) | | Total residential area (sq. ft.) | |
| | Other (specify) | | | | | | | |

Assessor Parcel Number(s) (APNs)

| | | | |
|--|--|--|--|
| | | | |
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Homekey Region

Project Type

§201 Eligible Uses

Is the Applicant requesting for relocation costs?
(§201(vi)) Relocation costs for individuals who are being displaced as a result of your Homekey Project.)

Is the Applicant requesting for Homekey operating subsidy?
(§201(vii)) Capitalized operating subsidies for units purchased, converted, constructed, or altered with funds provided pursuant to HSC §50675.1.3.)

§202 Eligible Projects

Other Eligible Projects not listed above (describe below)

§202(viii). Applicant acknowledges Homekey Assisted Units previously awarded under **Rounds 1 and 2** of Homekey funding are ineligible for Homekey Round 3 funding.

Project Narrative

Scope of Work (Please include a clear, precise description of the work to be performed; the services to be provided; and all other goals, objectives, and deliverables to be fulfilled.)

Homekey Round 3 Project Overview

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| If Project is also known under another name(s) or was formerly known under another name(s), provide the name(s). | | | | | | | |
|--|----------------|-------------|--------------|----------|--------------------------------|---------------------|--|
| Has the Applicant applied, plan to apply, or been awarded other HCD program funds (outside this Homekey NOFA) for this Project site? | | | | | | | |
| Other HCD Program(s) Name(s): | Plan to Apply? | Loan Amount | Grant Amount | Awarded? | Award Date/Expected Award Date | HCD Contract Number | |
| | | | | | | | |
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\$200 Eligible Applicants

| | | | | | | | | | | |
|--|----------------------|--|--|---|-------------------|--|--|--|--|---|
| Applicant #1 | | | | | | | | | | |
| Entity name | | | | | Organization type | | | | | |
| Address | | | | City | | State | | CA | | Zip |
| Auth Rep | | | Title | | Email | | | Phone | | |
| Contact | | | Title | | Email | | | Phone | | |
| Address | | | | City | | State | | Zip | | |
| File Name | App1 Cert & Legal | | Reference: Certification & Legal Worksheet | | | | | Uploaded to HCD? | | |
| File Name | App1 Resolution | | Signature required; see Applicant Documents worksheet. | | | | | Uploaded to HCD? | | |
| File Name | App1 TIN Form | | See Applicant Documents worksheet | | | | | Uploaded to HCD? | | |
| File Name | App1 Signature Block | | See Applicant Documents worksheet | | | | | Uploaded to HCD? | | |
| Is there a Co-Applicant? If so, please click the appropriate button: | | | | <input type="button" value="One Co-App"/> | | <input type="button" value="Two Co-Apps"/> | | <input type="button" value="Three Co-Apps"/> | | <input type="button" value="Four Co-Apps"/> |

Development Team Contacts (provide information that is currently available)

| | | | | | | | | | |
|---|--|---------|--|--------------|------|--|-------|--|-----|
| Property Management Company | | | | | | | | | |
| Legal Name | | | | Contact Name | | | Email | | |
| Phone | | Address | | | City | | State | | Zip |
| Financial Consultant | | | | | | | | | |
| Legal Name | | | | Contact Name | | | Email | | |
| Phone | | Address | | | City | | State | | Zip |
| Legal Counsel | | | | | | | | | |
| Legal Name | | | | Contact Name | | | Email | | |
| Phone | | Address | | | City | | State | | Zip |
| General Contractor | | | | | | | | | |
| Legal Name | | | | Contact Name | | | Email | | |
| Phone | | Address | | | City | | State | | Zip |
| Architect | | | | | | | | | |
| Legal Name | | | | Contact Name | | | Email | | |
| Phone | | Address | | | City | | State | | Zip |
| Development/Operating Funding Source | | | | | | | | | |
| Legal Name | | | | Contact Name | | | Email | | |
| Phone | | Address | | | City | | State | | Zip |
| Development/Operating Funding Source | | | | | | | | | |
| Legal Name | | | | Contact Name | | | Email | | |
| Phone | | Address | | | City | | State | | Zip |

§300 Threshold Requirements

To be eligible to receive funding, all projects must meet the following requirements as they relate to the Eligible Applicant and the project types.

i. Applicant acknowledges that applications may be submitted independently by an Eligible Applicant, as defined in §200. Alternatively, each of the foregoing Eligible Applicants may apply jointly with a Co-Applicant, **as specified?**

Applicant acknowledges that no additional Co-Applicants or Special Purpose Entities will be considered subsequent to the date of application.

ii. Applicant agrees Project(s) must serve persons qualifying as members of the Target Population per Article VII(xl).

iii. Applicant acknowledges that applications must include a Project-specific Supportive Services plan, that shall be consistent with any representations made in the application and it shall meet the Homekey program requirements? Applicant also acknowledges that the Department in its sole discretion shall make the determination **(1) if the Supportive Services plan is sufficiently complete to pass threshold and (2) if the Supportive Services plan and property management plan is compliant with Housing First and other evidence-based practices.** Applicant must comply with the requirements in §300(iii) and §501 of the NOFA.

iv. Applicant acknowledges the requirement to submit a written non-discrimination policy that complies with the requirements in §505.

| | | | |
|------------|---------------------------|-------------------------------------|------------------|
| File Name: | Non-Discrimination Policy | Provide a non-discrimination policy | Uploaded to HCD? |
|------------|---------------------------|-------------------------------------|------------------|

v. Applicant acknowledges the requirement to submit an overview below of the plan and timeline for any required entitlements, permits, and environmental clearances. Applicants must also complete the 'Local & Env Verification' worksheet. Eligible Applicants will have an opportunity to discuss their land use and environmental clearance plans, and related statutory authorities during the pre-application consultation.

| | | | |
|-----------|----------------------------|--|------------------|
| File Name | Local Appr, CEQA, and NEPA | Local Approvals, CEQA, and NEPA, as evidenced by the completed and signed <u>Local Jurisdiction and NEPA Responsible Entity Verification worksheet</u> | Uploaded to HCD? |
|-----------|----------------------------|--|------------------|

| | | | | | |
|-------------------------|--|------------------------------|--|--------------------------|--|
| Construction start date | | Construction completion date | | Estimated occupancy date | |
|-------------------------|--|------------------------------|--|--------------------------|--|

vi. Applicant acknowledges the requirement to submit a response to the following question: **what specific actions will the Applicant take to ensure equitable access to housing and services for groups that are overrepresented among residents experiencing homelessness in its jurisdiction, including racial, ethnic and LGBTQ+ groups?** The response shall reference the latest Continuum of Care (CoC) HMIS demographics data to explain.

| | | | |
|-----------|----------------------------------|--|------------------|
| File Name | Racial & Gender Equity statement | Provide Racial & Gender Equity statement | Uploaded to HCD? |
|-----------|----------------------------------|--|------------------|

vii. Applicant acknowledges the requirement to submit a concise and reasonably detailed answer to the following question: **how did the Applicant engage or will engage with the Target Population to inform the design of the Project operations and Supportive Services?** The guidance document can be found on the Homekey website.

| | | | |
|-----------|--|--|------------------|
| File Name | Engaging the Target Population statement | Provide a response on how the Applicant engage or will engage with the Target Population to inform the design of the Project operations and Supportive Services. | Uploaded to HCD? |
|-----------|--|--|------------------|

viii. Applicant must have site control of all properties at the time of application, and control must not be contingent on the approval of any other party. Does Applicant have site control? If Yes, enter site control information for each APN and most recent execution date. Describe site control special circumstances below.

| APN | Address | Type of Site Control | Current owner | Execution date | Expiration date |
|-----|---------|----------------------|---------------|----------------|-----------------|
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viii(h). Applicant acknowledges that if **one or more sites will require a use change for permanent housing**, Applicant must submit a commitment and plan to facilitate or expedite those processes, so as to not delay expenditure and occupancy requirements?

| | | | |
|------------|------------|--|------------------|
| File Name: | Use Change | Provide proof of commitment to facilitate or expedite those processes, so as to not delay expenditure and occupancy requirements | Uploaded to HCD? |
|------------|------------|--|------------------|

Provide details below for unusual site control special circumstances or "Other" types of site control:

| | | | |
|--|--|--|--|
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| | | | |
|------------|------------------------------------|---|------------------|
| File Name: | Site Control1, Site Control2, etc. | Provide documentation of the type of site control for each site above | Uploaded to HCD? |
|------------|------------------------------------|---|------------------|

ix. Applicant agrees to provide a preliminary title report for each site, **dated with 15 days of the application submittal?**

| | | | |
|------------|------------------------|--|------------------|
| File Name: | Prelim1, Prelim2, etc. | Provide current preliminary title report for each site above | Uploaded to HCD? |
|------------|------------------------|--|------------------|

| Threshold | | | | Rev 4/23/2023 |
|---|---------------------------------|---|--|------------------|
| <p>x. Applicant acknowledges that the Eligible Applicant or Co-Applicant applying for the Homekey funding is the entity that HCD relies upon for experience and capacity, and will control the project during acquisition, development, and occupancy?</p> <p style="text-align: center;">Indicate which Eligible Applicant the Department can rely on for experience and capacity:</p> | | | | |
| <p>xi. Applicant agrees to provide a detailed development plan that supports acquisition of a site, completion of rehabilitation or construction, occupancy, and fund expenditure before all program deadlines, factoring in entitlements, permits, procurement, potential construction delays and supply chain issues, and demonstrates evidence of strong organizational and financial capacity to develop the project? A development plan template can be found on the Homekey website.</p> | | | | |
| <p>Is the Eligible Applicant requesting for an expenditure deadline extension?</p> <p>Note: Awardees will be subject to the following deadlines:</p> <p>1. Acquisition, Rehabilitation, and/or construction must be completed 12 months from the date of award letter;</p> <p>2. Capital expenditure must be completed within eight (8) months, or up to 15 months from the date of award if requesting an expenditure deadline extension; and</p> <p>3. Full occupancy must be achieved by 15 months from date of award letter.</p> | | | <p>If select yes, how many months?</p> | |
| File Name: | Development Plan | Provide a detailed development plan that supports acquisition of a site, completion of rehabilitation or construction, occupancy, and fund expenditure before all program deadlines, factoring in entitlements, permits, procurement, potential construction delays and supply chain issues, and demonstrates evidence of strong organizational and financial capacity to develop the project. | Uploaded to HCD? | |
| <p>xii. Applicant agrees that Assisted Units and other units of the Project must meet all applicable state and local building standards pertaining to rental housing and manufactured housing, including but not limited to requirements for minimum square footage, and requirements related to maintaining the Project in a safe and sanitary condition?</p> | | | | |
| <p>xiii. Applicant acknowledges all Applicants and Co-Applicants must be in good standing with the State of California and all agencies and departments thereof? By way of example and not limitation, an Applicant and Co-Applicant must be qualified to do business in the State of California and must be in good standing with the California Secretary of State and the California Franchise Tax Board. Applicants that are delinquent in meeting the material requirements of previous Department awards may, in the Department's reasonable discretion, fail threshold review.</p> | | | | |
| <p>xiv. Applicant acknowledges that the Department will require Eligible Applicants to submit a complete application with all required documents? The Department reserves the right to request clarification of unclear or ambiguous statements made in an application and other supporting documents. The following items must be submitted with the application:</p> <p>a. Completed application workbook with all worksheets and supplemental information completed;</p> <p>b. Required documents from each Eligible Applicant and Co-Applicant as applicable, including but not limited to:</p> <p>i. Executed resolutions attested to by a person other than the person identified as the authorized signatory. If there is more than one authorized signatory identified, state whether one or all signatories are required to submit and execute program documents. If the application is being signed by a designee of the authorized signatory, the Applicant must also submit a designee letter or other proof of signing authority;</p> <p>ii. Payee Data Record or Taxpayer Identification Number (TIN) form;</p> <p>iii. Evidence of tax-exempt status from the Internal Revenue Service (IRS) or Franchise Tax Board, if applicable;</p> <p>iv. Signature block uploaded in Microsoft Word format;</p> <p>v. Organizational chart that depicts the organizational structure of the entities in relation to the Applicants; and</p> <p>vi. Organizational documents supporting the resolutions submitted with the application. The Department reserves the right to request additional documentation at any point to verify an entity's authority and/or organizational structure.</p> | | | | |
| <p>xv. Applicant acknowledges the requirement to submit an Appraisal for all conversion, acquisition, and new construction uses as defined in §201? The appraisal must be in compliance with the Homekey requirements outlined in the Homekey Appraisal Guidance document on the Homekey website: Homekey 3.0 Appraisal Guidance.</p> | | | | |
| <p>xvi. Applicant acknowledges that all Projects seeking funding for Rehabilitation must submit the following?</p> <p>a. Rehabilitation narrative of current condition of structure(s) and overall scope of work; and</p> <p>b. Physical Needs Assessment (PNA) prepared by a qualified independent third-party contractor;</p> | | | | |
| File Name: | Rehab Description | Narrative description of current condition of structure(s) and overall scope of work | Uploaded to HCD? | |
| File Name: | PNA | Physical Needs Assessment prepared by a qualified independent third-party contractor | Uploaded to HCD? | |
| <p>xvii. Applicant acknowledges that for Projects seeking funding for master leasing and purchase of affordability covenants, a market study prepared within the last year which conforms to TCAC guidelines, and/or a rent roll, and/or other supporting documentation noted in §205?</p> | | | | |
| File Name: | Market Study | Provide a recent market study within the past year which conforms to TCAC guidelines, and/or a rent roll, and/or other supporting documentation per §205 of the NOFA | Uploaded to HCD? | |
| <p>xviii. Applicant acknowledges that all Projects seeking funding for Rehabilitation and new construction are required to submit a Phase I Environmental Site Assessment (ESA) which was prepared no earlier than 12 months prior to the application due date?</p> | | | | |
| File Name | Env. Report 1 | Environmental Site Assessment Phase I (prepared or updated no earlier than 12 months prior to the application due date). | Uploaded to HCD? | |
| File Name | Env. Report 2 | If Environmental Site Assessment Phase I requires a Phase II study, submit a Phase II (prepared or updated no earlier than 12 months prior to the application due date). | Uploaded to HCD? | |
| File Name: | Appraisal | If land costs will be included in the Development Budget , attach an appraisal dated within 60 days of the application submittal date | Uploaded to HCD? | |
| <p>xix. Applicant acknowledges the requirement to submit a concise, sufficiently detailed narrative to demonstrate its consideration of, and early engagement with, applicable relocation assistance laws and requirements? See §300(xix). This Relocation Assistance Narrative will be evaluated by the Department to determine whether a relocation plan is required by law or whether a certificate of no-relocation can be issued. A template can be found on the Homekey website. Note: This Relocation Assistance Narrative does not take the place of the relocation plan, or the Certification Regarding Non-Application of Relocation Benefits and Indemnification Agreement, that the Grantee shall submit as a condition of funding.</p> | | | | |
| File Name: | Relocation Assistance Narrative | Relocation Assistance Narrative for displacement or no displacement | Uploaded to HCD? | |
| <p>xx. Applicant has Enforceable Funding Commitments (EFCs) to cover operations and service costs with specific funding sources, including federal, state, local, private, or philanthropic sources, for the proposed Project for the first five (5) years, and a funding plan covering operations and services costs for ten (10) years thereafter, for a total operating budget of fifteen (15) years from the recordation of the Affordability Covenant? (See §304(1)(b) for potential points).</p> | | | | |
| <p>xxi. Eligible Applicant or Co-Applicant must demonstrate the following minimum experience and capacity requirements below:</p> | | | | |

| Threshold | | | | | | Rev 4/23/2023 |
|---|--------------------------|--|-----------------------------|---|-----------------------------------|--|
| a. Development, ownership, or operation of a project similar in scope and size to the proposed project; or development, ownership, or operation of at least two affordable rental housing projects in the last 10 years , with at least one of those projects containing at least one unit housing a tenant or participant who qualifies as a member of the Target Population. (a1. or a2. must be Yes to pass Threshold) | | | | | Passes threshold? | No |
| a1. Has Applicant developed, owned, or operated a project similar in scope and size to the Project? If Yes, provide details below: | | | | | | |
| Project name and address | | Who provides the experience | Experience type | Housing type | Population served | Latest date developed, owned, or operated |
| | | | | Similar Size and Scope | | |
| a2. If a1 above is Yes, skip. Applicant has operated at least two affordable rental housing projects in the last ten years, with at least one of those projects containing at least one unit housing a tenant or participant who qualifies as a member of the Target Population (enter Project information below)? | | | | | | No |
| Project name and address | | Who provides the experience | Experience type | Housing type | Qualifying unit population served | Latest date developed, owned, or operated |
| | | | | Affordable Rental | | |
| | | | | Affordable Rental | | |
| b. Experience helping persons address barriers to housing stability & providing support services | | Property manager service years | | Supportive Service Provider service years | | Pass threshold (three or more years of experience)? |
| Has a property manager been selected? | | If Yes, enter property manager name and complete experience chart below: | | If No, Applicant certifies that this requirement will be reflected in future solicitation or memorandum of understanding? | | |
| Has a supportive service provider been selected? | | If Yes, enter supportive service provider name and complete experience chart below: | | If No, Applicant certifies that this requirement will be reflected in future solicitation or memorandum of understanding? | | |
| Project name and address | | | Experience provider | Housing type | Population Served | # of months serving |
| | | | Property Manager | | | |
| | | | Property Manager | | | |
| | | | Property Manager | | | |
| | | | Property Manager | | | |
| | | | Property Manager | | | |
| Enter Supportive Service Provider name and complete experience chart below: | | | | | | |
| | | | Supportive Service Provider | | | |
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| | | | Supportive Service Provider | | | |
| c. Experience administering a Project in accordance with the core components of Housing First (Welfare & Institutions Code §8255). | | | | | | |
| File Name: | Housing First Experience | Provide experience administering a Project in accordance with the core components of Housing First | | | Uploaded to HCD? | |
| d. Development, ownership, or operation capacity. | | | | | | |
| d1. Does Applicant have the capacity to develop, own, and operate the proposed Project? | | | | | | |
| If Yes, provide details in the Development Team Staffing Chart below: | | | | | | |
| d2. Applicant certifies that it will have adequate staff, capital, assets, and other resources to efficiently meet the operational needs of the Project? | | | | | | |
| Note: Evidence of capacity must be reasonably acceptable to the Department in form and substance. | | | | | | |

| Threshold | | Rev 4/23/2023 |
|---|--------------------------------|--|
| i. Applicant acknowledges that the Eligible Projects under this project type must provide evidence of site control (as defined in §300) within 60 days from the date of the conditional award. Note: Failure to meet this requirement will rescind the conditional award. | | |
| ii. Applicant acknowledges that the Eligible Projects under this project type must meet the following threshold requirements (a-d below), within 90 days from the date of the conditional award. Note: Failure to meet this requirement will rescind the conditional award. a. Relocation narrative, as defined in §300; b. Appraisal, as noted in the Application Upload Checklist; c. PNA or equivalent evidence of rehabilitation costs, as noted in the Application Upload Checklist; and d. Phase 1 ESA or equivalent, as noted in the Application Upload Checklist. | | |
| §203 Geographic Distribution and Allocations - Homeless Youth Allocation | | |
| Unless otherwise indicated, all scoring criteria and other NOFA provisions shall govern the allocation awards provided under this NOFA. Homekey Projects are not required to serve only Homeless Youth, or Youth at Risk of Homelessness. Homekey Projects proposing to serve Homeless Youth, or Youth at Risk of Homelessness, may also serve other qualifying members of the Target Population. At the close of the application period, any unused funds from this allocation shall be reallocated to the Discretionary Reserve and shall be subject to the prioritization methods therein. Applicant acknowledges that to qualify under Homeless Youth Allocation, Projects that meet the threshold requirements of Article III, as well as the following criteria, will be prioritized for Homeless Youth allocation funds: - Have at least 25% of Assisted Units reserved for Homeless Youth or Youth at Risk of Homelessness; - Have jointly applied and/or partnered with a nonprofit corporation(s), including community-based organization(s), with at least three years of experience serving current or former Foster Youth, Homeless Youth, or Youth at Risk of Homelessness; and - Provide Supportive Services for Youth Assisted Units using a Positive Youth Development (PYD) model and trauma- informed care. Services may include, but are not limited to, case management, income supports, educational and employment counseling, life skills, legal assistance, health and wellness, and family connection services. | | |
| §303 Other Requirements | | |
| i. Applicant acknowledges that Homekey may fund all units in a Project or a portion of the units. If seeking Homekey funding for a portion of the units in a given project, Applicants must identify committed sources for the non-Homekey units. The non-Homekey units are not required to serve the Homekey Target Population and may therefore be restricted at higher AMI levels, which may help promote project feasibility. | | |
| a. If at time of acquisition, an existing tenant's household income is at or below 50% AMI, but the tenant does not qualify as a member of the Target Population, the tenant may remain in place and the unit may still be funded by Homekey. When, in the course of normal tenant turnover, the ineligible household moves from the unit, the Applicant acknowledges that the unit shall thereafter be occupied by the Target Population? Note: There should be no more than 49 percent of the Assisted Units that do not meet the Target Population at the time of acquisition. An existing household who meets the Target Population definition or was a member of the Target Population at the time they moved into the property will not be counted towards the 49 percent cap. Evidence confirming that existing tenants qualify as either at or below 50% AMI or Target Population will be required of the Applicant. | | |
| ii. Applicant acknowledges that at year 15 from the recordation of the Affordability Covenant, in circumstances where the Grantee has exhausted available operating funding and demonstrated to the Department that the Project is no longer feasible, the Department may approve an increase in income levels, to the minimum extent required for fiscal integrity, in five percent increments of Assisted Units up to 50 percent AMI? | | |
| iii. Applicant acknowledges that the Department reserves the right to set restrictions on the unit mix, rent levels, and other factors deemed necessary. To the maximum extent possible, these changes shall minimize the impact on the lowest income Project residents and shall be phased in as gradually as possible. If, following any increase in rents and income limits, or modification of Target Population occupancy requirements, new resources become available, or market demand changes, allowing reversion to the former income and rent limits or Target Population occupancy requirements, the Department may re- impose these income limits and rent limits or Target Population occupancy requirements, in whole or in part, subject to an analysis of Project feasibility? | | |
| iv. Applicant acknowledges that in addition to §300 above, Applicants purchasing affordability covenants and restrictions will also be evaluated on the following requirements: a. The Grantees that purchase affordability covenants and restrictions for existing residential units shall restrict those units to individuals and families who are Homeless or who are At Risk of Homelessness, as defined in 24 CFR part 578.3. Such restriction shall run for 55 years. | | |
| v. Applicant acknowledges that in addition to §300 above, master leasing projects will also be evaluated on the following requirements: a. The Grantee shall provide a 15-year plan from the recordation of the use restriction to cover operations and service costs for the Project with specific funding sources (government/philanthropic/private). | | |
| vi. Applicant acknowledges that Homekey Grantee(s) shall not, for the duration of this Agreement, sell, assign, transfer, or convey the Project, or any interest therein or portion thereof, without the express prior written approval of the Department? | | |
| §500 Article XXXIV | | |
| Applicant acknowledges per HSC §37001, subdivision (h)(2), article XXXIV, §1 of the California Constitution is not applicable to a development that consists of the acquisition, rehabilitation, reconstruction, alterations work, new construction, or any combination thereof, of lodging facilities or dwelling units using moneys received from the CSFRF established by the federal American Rescue Plan Act of 2021 (ARPA) (Public Law 117-2)? As such, Article XXXIV is not applicable to Homekey funded development. | | |
| §501 Housing First | | |
| Applicant acknowledges that the Eligible Applicant shall certify to employ the core components of Housing First, as set forth at Welfare and Institutions Code section 8255(b), in its property management and tenant selection practices? Projects shall accept tenants regardless of sobriety, participation in services or treatment, history of incarceration, credit history, or history of eviction in accordance with practices permitted pursuant to Housing First practices, including local Coordinated Entry System prioritization protocols, or other federal or state Project funding sources. | | |
| §502 Tenant Selection and Participant Selection | | |
| Applicant acknowledges that referrals to Homekey Assisted Units shall be made through the local Coordinated Entry System (CES) or another comparable prioritization system based on greatest need. All referral protocols for Homekey Assisted Units must be developed in collaboration with the local CoC and implemented consistent with the requirements set forth in this NOFA. CoC collaboration in Project and Supportive Service design is also strongly encouraged to help target and serve greatest need populations. If referrals will be made using a prioritization system other than CES, the Applicant must describe the plan for tenant and participant selection, and it shall be reasonably detailed and comprehensive, as determined by the Department in its sole and absolute discretion. For Grantees utilizing HOME-ARP funds as match, this includes descriptions of any system that are consistent with HOME-ARP referral methods as described in HUD Community Planning and Development (CPD) Notice 21-10. The CES Participation and CoC Coordination document can be found on the Homekey website . | | |
| File Name | CES Participation and CoC Form | Provide a Coordinated Entry System Participation and Continuum of Care Coordination Form |
| | | Uploaded to HCD? |
| §503 Participation in Statewide HDIS/HMIS | | |
| Applicant acknowledges that pursuant to Assembly Bill 977, Homekey Grantees who have been awarded HCD funding under the Homekey Program must enter Universal and Common Data Elements as defined by HUD on the individuals and families served into the Homeless Management Information System (HMIS), for projects that will have completed permanent conversion of Department funds effective January 1, 2023, and later? | | |
| §504 Relocation | | |

| Threshold | | | Rev 4/23/2023 |
|---|---|---|---|
| <p>Applicant acknowledges that in addition to the Relocation Assistance Narrative required in §300(xix) submitted at time of application, before the Homekey award will be disbursed, Grantee must submit either:</p> <p>a. A Department-approved relocation plan; or</p> <p>b. A Department-issued Certification Regarding Non-Application of Relocation Benefits and Indemnification Agreement (certificate of no-relocation), which has been duly executed and approved by the Department?</p> <p>Note: Homekey Grantees must comply with all applicable federal, state, and local relocation law. Grantees must have a relocation plan prior to proceeding with any phase of a Project or other activity that will result in the displacement of persons, businesses, or farm operations. The relocation template can be found on the Homekey website.</p> | | | |
| File Name: | Relocation Plan | Provide a complete relocation plan | Uploaded to HCD? |
| §505 Accessibility and Non-Discrimination | | | |
| Applicants acknowledges all developments shall adhere to the accessibility requirements set forth in California Building Code Chapter 11A and 11B and the Americans with Disabilities Act, Title II? | | | |
| §506 Prevailing Wage | | | |
| Applicant acknowledges the use of Homekey funds is subject to California's prevailing wage law (Lab. Code, §1720 et seq.)? Applicant is urged to seek professional legal advice about the law's requirements. Applicant is also acknowledges that prior to disbursing the Homekey funds, the Department will require a certification of compliance with California's prevailing wage law, as well as all applicable federal prevailing wage law. The certification must verify that prevailing wages have been or will be paid, and that labor records will be maintained and made available to any enforcement agency upon request. The certification must be signed by the general contractor(s) and the Grantee? | | | |
| File Name: | Prevailing Wage Certificate | Provide a prevailing wage certification | Uploaded to HCD? |
| §507 Environmental Clearances | | | |
| Applicant acknowledges the Department encourages Eligible Applicants to fully engage with HCD's technical assistance and to consider the CEQA exemption set forth at HSC §50675.1.4 and the provision for land use consistency and conformity set forth at HSC §50675.1.3, subdivision (i)? Applicants should consult with their counsel for legal advice in construing application of the foregoing exemptions to their Project. It is entirely within an Applicant's discretion to determine whether to use the statutory CEQA exemption, whether the exemption applies to the Applicant's proposed activity, or whether some other mechanism applies and could be used to satisfy obligations under CEQA. | | | |
| File Name | CEQA | Copy of CEQA Determination Documents | Uploaded to HCD? |
| Applicant acknowledges that it must provide National Environmental Clearance Act (NEPA) clearance, as applicable? According to NEPA, Grantee(s) must consider environmental impacts early in the planning process before decisions are made, and actions are taken. The project must assess environmental impacts if a project has applied for HUD assistance (HOME, CDBG, PBVs, Choice Neighborhoods Grant, ShelterCare Plus, etc.). | | | |
| Applicant acknowledges that HCD does not determine which projects will require NEPA clearance. Applicant must provide HCD a status of any required NEPA review at the time of application. | | | |
| For more information, visit the HUD Exchange . | | review HCD's CDBG-DR Environmental Review guidance . | or contact HCD's Environmental Service Team at NEPA@hcd.ca.gov |
| File Name | NEPA Authority to Use Grant Funds (if applicable) | NEPA Authority to Use Grant Funds issued by the Responsible Entity if the project is proposing use of federal funds | Uploaded to HCD? |
| §508 Land Use | | | |
| Applicant acknowledges that Pursuant to HSC section 50675.1.3, subdivision (i), Homekey Projects "shall be deemed consistent and in conformity with any applicable local plan, standard, or requirement, and any applicable coastal plan, local or otherwise, and allowed as a permitted use, within the zone in which the structure is located, and shall not be subject to a conditional use permit, discretionary permit, or any other discretionary reviews or approvals."? | | | |
| §509 State Requirements | | | |
| Applicant acknowledges that all Assisted Units and other Units of the Projects must meet all applicable state and local requirements pertaining to rental housing, including but not limited to, requirements for minimum square footage, and requirements related to maintaining the property in a safe and sanitary condition? | | | |
| §510 Grantee Liability | | | |
| Applicant acknowledges that all entities in the Grantee structure (to include the Eligible Applicant, any Co-Applicants, and any other entities added to the ownership structure of the Project pursuant to [§303(vi).] of this NOFA) shall be bound by the Homekey Program Requirements; and shall remain jointly and severally liable to the Department for performance under the Standard Agreement and for compliance with all Homekey Program Requirements? This provision shall remain applicable notwithstanding any Department-approved transfer or assignment of interest, or any designation of a third party for the undertaking of all or any part of the Scope of Work in the Standard Agreement. | | | |
| §800 Insurance Requirements | | | |
| Applicant acknowledges that it shall provide documentation of its ability to obtain the insurance coverages outlined in Article VIII of this NOFA. | | | |
| File Name: | Liability Insurance | Proof of General Liability Insurance that meets the requirements in §800(i) | Uploaded to HCD? |
| File Name: | Automobile Insurance | Proof of Automobile Liability Insurance that meets the requirements in §800(ii) | Uploaded to HCD? |
| File Name: | Property-Hazard Insurance | Proof of Property Insurance that meets the requirements in §800(v) | Uploaded to HCD? |
| Applicant Comments | | | |
| | | | |

Unit Mix

| Doors at Acquisition | | | Proposed Units for Project | | | | | | | | | | | | | | | Maximum Capital Award (Baseline and Additional Contribution) Based on Doors at Acquisition | | | | | | | | | | | |
|-------------------------|-----------------------------|--|----------------------------|--------------------------|-------------------------|------------------|------------|--------------------------------|------------------------------------|-------------------------------|--|--------------------------------|-----------------------------|---------------|-----------------------------|--------------------------------|-----------------------------|--|-----------------------------|-------------------------------|----------------------------|----------------|---|----------------------|--|--|--|---|------------|
| | | | Monthly Unit Rent | | | | | Rental Subsidy Program #1 Name | | | | Rental Subsidy Program #2 Name | | | | Rental Subsidy Program #3 Name | | | | | | | Rental Subsidy Program #4 Name | | | | Target Population - Homekey Assisted Units (Article VII) | | |
| Bdrm size | No. of Doors at Acquisition | Baseline Award based on Units and Bdrm Size at Acquisition | Bdrm size | Number of Units Proposed | Unit Size (Square Feet) | Income Limit AMI | Mngr Units | Restricted | Proposed Rent for Restricted Units | Unrestricted | Monthly Utility Allowance ¹ | Subsidy Units | Monthly Rent Subsidy Amount | Subsidy Units | Monthly Rent Subsidy Amount | Subsidy Units | Monthly Rent Subsidy Amount | Subsidy Units | Monthly Rent Subsidy Amount | At-Risk of Homelessness Units | Chronically Homeless Units | Homeless Units | Homeless Youth or Youth at Risk of Homelessness Units | Total Assisted Units | Baseline Award based on Units and Proposed Population Served | Baseline Award based on Units and Proposed Bdrm Size | Maximum Baseline Award based on Proposed Project | Maximum Additional Award (Equal to Maximum Local Match) | |
| | | \$0 | | | | | | \$0 | | | | | | | | | | | | | | | | 0 | \$0 | \$0 | \$0 | \$0 | |
| | | \$0 | | | | | | \$0 | | | | | | | | | | | | | | | | 0 | \$0 | \$0 | \$0 | \$0 | |
| | | \$0 | | | | | | \$0 | | | | | | | | | | | | | | | | 0 | \$0 | \$0 | \$0 | \$0 | |
| | | \$0 | | | | | | \$0 | | | | | | | | | | | | | | | | 0 | \$0 | \$0 | \$0 | \$0 | |
| | | \$0 | | | | | | \$0 | | | | | | | | | | | | | | | | 0 | \$0 | \$0 | \$0 | \$0 | |
| | | \$0 | | | | | | \$0 | | | | | | | | | | | | | | | | 0 | \$0 | \$0 | \$0 | \$0 | |
| | | \$0 | | | | | | \$0 | | | | | | | | | | | | | | | | 0 | \$0 | \$0 | \$0 | \$0 | |
| | | \$0 | | | | | | \$0 | | | | | | | | | | | | | | | | 0 | \$0 | \$0 | \$0 | \$0 | |
| | | \$0 | | | | | | \$0 | | | | | | | | | | | | | | | | 0 | \$0 | \$0 | \$0 | \$0 | |
| | | \$0 | | | | | | \$0 | | | | | | | | | | | | | | | | 0 | \$0 | \$0 | \$0 | \$0 | |
| | | \$0 | | | | | | \$0 | | | | | | | | | | | | | | | | 0 | \$0 | \$0 | \$0 | \$0 | |
| | | \$0 | | | | | | \$0 | | | | | | | | | | | | | | | | 0 | \$0 | \$0 | \$0 | \$0 | |
| | | \$0 | | | | | | \$0 | | | | | | | | | | | | | | | | 0 | \$0 | \$0 | \$0 | \$0 | |
| | | \$0 | | | | | | \$0 | | | | | | | | | | | | | | | | 0 | \$0 | \$0 | \$0 | \$0 | |
| | | \$0 | | | | | | \$0 | | | | | | | | | | | | | | | | 0 | \$0 | \$0 | \$0 | \$0 | |
| | | \$0 | | | | | | \$0 | | | | | | | | | | | | | | | | 0 | \$0 | \$0 | \$0 | \$0 | |
| Total | 0 | \$0 | | 0 | | | 0 | | | | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | 0 | \$0 | \$0 | \$0 | \$0 |
| Annual Net Rents | | | | | | | \$0 | \$0 | \$0 | Annual Subsidy Revenue | | | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | Total Budgeted Development costs from 'Dev Budget' worksheet cell M125 | | | | |

File Name: Utility Allowance ¹Local housing authority document showing current utility allowance chart, with relevant components circled. Uploaded to HCD?

Applicant Comments

| USES OF FUNDS | Sources/Uses of Funds | | | | | | | | | | | |
|--|-----------------------|-----|-----|-----|-----|-----|-----|-----|-----|----------------------------|----------------|---------------------|
| | Homekey Award | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Private Mortgage Financing | Deferred Costs | Total Sources/Costs |
| Project Development Costs | | | | | | | | | | | | |
| LAND COST/ACQUISITION | | | | | | | | | | | | |
| Land Cost or Value | | | | | | | | | | | | \$0 |
| Demolition | | | | | | | | | | | | \$0 |
| Legal | | | | | | | | | | | | \$0 |
| Land Lease Rent Prepayment | | | | | | | | | | | | \$0 |
| Total Land Cost or Value | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Existing Improvements Cost or Value | | | | | | | | | | | | \$0 |
| Off-Site Improvements | | | | | | | | | | | | \$0 |
| Total Acquisition Cost | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Total Land Cost / Acquisition Cost | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Predevelopment Interest/Holding Cost | | | | | | | | | | | | \$0 |
| Assumed, Accrued Interest on Existing Debt (Rehab/Acq) | | | | | | | | | | | | \$0 |
| Excess Purchase Price Over Appraisal | | | | | | | | | | | | \$0 |
| REHABILITATION | | | | | | | | | | | | |
| Site Work | | | | | | | | | | | | \$0 |
| Structures | | | | | | | | | | | | \$0 |
| General Requirements | | | | | | | | | | | | \$0 |
| Contractor Overhead | | | | | | | | | | | | \$0 |
| Contractor Profit | | | | | | | | | | | | \$0 |
| Prevailing Wages | | | | | | | | | | | | \$0 |
| General Liability Insurance | | | | | | | | | | | | \$0 |
| Urban Greening | | | | | | | | | | | | \$0 |
| Other Rehabilitation: (Specify) | | | | | | | | | | | | \$0 |
| Other Rehabilitation: (Specify) | | | | | | | | | | | | \$0 |
| Other Rehabilitation: (Specify) | | | | | | | | | | | | \$0 |
| Total Rehabilitation Costs | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Total Relocation Expenses | | | | | | | | | | | | \$0 |
| NEW CONSTRUCTION | | | | | | | | | | | | |
| Site Work | | | | | | | | | | | | \$0 |
| Structures | | | | | | | | | | | | \$0 |
| General Requirements | | | | | | | | | | | | \$0 |
| Contractor Overhead | | | | | | | | | | | | \$0 |
| Contractor Profit | | | | | | | | | | | | \$0 |
| Prevailing Wages | | | | | | | | | | | | \$0 |
| General Liability Insurance | | | | | | | | | | | | \$0 |
| Urban Greening | | | | | | | | | | | | \$0 |
| Other New Construction: (Specify) | | | | | | | | | | | | \$0 |
| Other New Construction: (Specify) | | | | | | | | | | | | \$0 |
| Other New Construction: (Specify) | | | | | | | | | | | | \$0 |
| Other New Construction: (Specify) | | | | | | | | | | | | \$0 |
| Other New Construction: (Specify) | | | | | | | | | | | | \$0 |
| Total New Construction Costs | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| ARCHITECTURAL FEES | | | | | | | | | | | | |
| Design | | | | | | | | | | | | \$0 |
| Supervision | | | | | | | | | | | | \$0 |
| Total Architectural Costs | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Total Survey & Engineering | | | | | | | | | | | | \$0 |
| CONSTRUCTION INTEREST & FEES | | | | | | | | | | | | |
| Construction Loan Interest | | | | | | | | | | | | \$0 |
| Origination Fee | | | | | | | | | | | | \$0 |
| Credit Enhancement/Application Fee | | | | | | | | | | | | \$0 |
| Bond Premium | | | | | | | | | | | | \$0 |
| Cost of Issuance | | | | | | | | | | | | \$0 |
| Title & Recording | | | | | | | | | | | | \$0 |
| Taxes | | | | | | | | | | | | \$0 |
| Insurance | | | | | | | | | | | | \$0 |
| Employment Reporting | | | | | | | | | | | | \$0 |
| Other Construction Int. & Fees: (Specify) | | | | | | | | | | | | \$0 |
| Other Construction Int. & Fees: (Specify) | | | | | | | | | | | | \$0 |
| Other Construction Int. & Fees: (Specify) | | | | | | | | | | | | \$0 |
| Other Construction Int. & Fees: (Specify) | | | | | | | | | | | | \$0 |
| Total Construction Interest & Fees | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| PERMANENT FINANCING | | | | | | | | | | | | |
| Loan Origination Fee | | | | | | | | | | | | \$0 |
| Credit Enhancement/Application Fee | | | | | | | | | | | | \$0 |
| Title & Recording | | | | | | | | | | | | \$0 |
| Taxes | | | | | | | | | | | | \$0 |
| Insurance | | | | | | | | | | | | \$0 |
| Other Perm. Financing Costs: (Specify) | | | | | | | | | | | | \$0 |
| Other Perm. Financing Costs: (Specify) | | | | | | | | | | | | \$0 |
| Other Perm. Financing Costs: (Specify) | | | | | | | | | | | | \$0 |
| Other Perm. Financing Costs: (Specify) | | | | | | | | | | | | \$0 |
| Total Permanent Financing Costs | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Subtotals Forward | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| LEGAL FEES | | | | | | | | | | | | |
| Legal Paid by Applicant | | | | | | | | | | | | \$0 |
| Other Attorney Costs: (Specify) | | | | | | | | | | | | \$0 |
| Other Attorney Costs: (Specify) | | | | | | | | | | | | \$0 |
| Other Attorney Costs: (Specify) | | | | | | | | | | | | \$0 |
| Total Attorney Costs | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| RESERVES | | | | | | | | | | | | |
| <u>Operating Reserve</u> | | | | | | | | | | | | \$0 |
| Replacement Reserve | | | | | | | | | | | | \$0 |
| Rent Reserve | | | | | | | | | | | | \$0 |
| Other Reserve Costs: (Specify) | | | | | | | | | | | | \$0 |
| Other Reserve Costs: (Specify) | | | | | | | | | | | | \$0 |
| Other Reserve Costs: (Specify) | | | | | | | | | | | | \$0 |
| Total Reserve Costs | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| CONTINGENCY COSTS | | | | | | | | | | | | |
| <u>Construction Hard Cost Contingency</u> | | | | | | | | | | | | \$0 |
| Soft Cost Contingency | | | | | | | | | | | | \$0 |
| Total Contingency Costs | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| OTHER PROJECT COSTS | | | | | | | | | | | | |
| TCAC App/Allocation/Monitoring Fees | | | | | | | | | | | | \$0 |
| Environmental Audit | | | | | | | | | | | | \$0 |
| Local Development Impact Fees | | | | | | | | | | | | \$0 |
| Permit Processing Fees | | | | | | | | | | | | \$0 |

Sources/Uses of Funds

| USES OF FUNDS | Sources/Uses of Funds | | | | | | | | | | Total Sources/Costs |
|-------------------------------------|-----------------------|-----|-----|-----|-----|-----|-----|-----|----------------------------|----------------|---------------------|
| | Homekey Award | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Private Mortgage Financing | Deferred Costs | |
| Project Development Costs | | | | | | | | | | | |
| Capital Fees | | | | | | | | | | | \$0 |
| Marketing | | | | | | | | | | | \$0 |
| Furnishings | | | | | | | | | | | \$0 |
| Market Study | | | | | | | | | | | \$0 |
| Accounting/Reimbursable | | | | | | | | | | | \$0 |
| Appraisal Costs | | | | | | | | | | | \$0 |
| Other Costs: (Specify) | | | | | | | | | | | \$0 |
| Other Costs: (Specify) | | | | | | | | | | | \$0 |
| Other Costs: (Specify) | | | | | | | | | | | \$0 |
| Other Costs: (Specify) | | | | | | | | | | | \$0 |
| Other Costs: (Specify) | | | | | | | | | | | \$0 |
| Other Costs: (Specify) | | | | | | | | | | | \$0 |
| Total Other Costs | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| SUBTOTAL PROJECT COST | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| DEVELOPER COSTS | | | | | | | | | | | |
| Developer Overhead/Profit | | | | | | | | | | | \$0 |
| Consultant/Processing Agent | | | | | | | | | | | \$0 |
| Project Administration | | | | | | | | | | | \$0 |
| Broker Fees Paid to a Related Party | | | | | | | | | | | \$0 |
| Construction Oversight by Developer | | | | | | | | | | | \$0 |
| Other Developer Costs: (Specify) | | | | | | | | | | | \$0 |
| Total Developer Costs | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Total Project Costs | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |

Applicant Comments

Development Sources

Construction Period Sources of Funds

| Funding Committed by Application Due Date? | Source Name (listed in order of lien priority) | Source Type | Lien No. | Funding Amount | Interest Rate | Required Payment | Loan Term (months) | *Detail of Deferred Costs | |
|--|---|--|----------|----------------|---------------|------------------|--------------------|---------------------------|-------------|
| | | | | | | | | Amount | Description |
| Construction Committed? | Homekey Capital Award+Homekey Contribution+50% Relocation Costs from 'Dev Budget' worksheet cell B125 | State-HCD | | \$0 | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | Cost deferred to Permanent Conversion | | | | | | | | |
| | *Deferred Costs (detail at right) | | | \$0 | | | | | |
| | Equity Investor | | | | | | | | |
| Total funds committed > | \$0 | Total Construction Sources | | \$0 | | | 0 | \$0 | |
| % funds committed > | 0.0% | Total Development Costs from Dev Budget | | \$0 | | | | | |

Permanent Sources of Funds

| Funding Committed by Application Due Date? | Source Name (listed in order of lien priority) | Source Type | Lien No. | Funding Amount | Interest Rate | | Repayment Terms | | Required Debt Service Amount |
|--|---|--|----------|----------------|---------------|------|-----------------|--------------|------------------------------|
| | | | | | Type | Rate | Type | Due in (yrs) | |
| Permanent Committed? | Homekey Capital Award+Homekey Contribution+50% Relocation Costs from 'Dev Budget' worksheet cell B125 | State-HCD | | \$0 | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | Private Mortgage Financing | | | | | | | | |
| | Deferred Costs | | | | | | | | |
| | Equity Investor | | | | | | | | |
| Total funds committed > | \$0 | Total Permanent Sources | | \$0 | | | | | \$0 |
| % funds committed > | 0.0% | Total Development Costs from Dev Budget | | \$0 | | | | | |

File Name: EFC1, EFC2, EFC3, etc. Documentation for the executed funding commitments (see below) Uploaded to HCD?

"Article VII(xiv) "Enforceable Funding Commitment" means a letter or other document, in form and substance satisfactory to the Department, which evidences an enforceable commitment of funds or a reservation of funds by a Project funding source, and which contains the following: a. The name of the Applicant; b. The Project name; c. The Project site address, assessor's parcel number, or legal description; and d. The amount, interest rate (if any), and terms of the funding source. The Enforceable Funding Commitment may be conditioned on certain standard underwriting criteria, such as appraisals, but may not be generally conditional. Examples of unacceptable general conditions include phrases such as "subject to senior management approval," or a statement that omits the word "commitment," but instead indicates the lender's "willingness to process an application" or indicates that financing is subject to loan committee approval of the Project. Contingencies in commitment documents based upon the receipt of tax-exempt bonds or low-income housing tax credits will not disqualify a source from being counted as committed.

Note: Where local sources may be dependent upon future budget allocations or are in the process of being allocated, Applicants can demonstrate funding commitments by submitting one of the following:
 i. An executed authorizing resolution from the governing body of the Local Public Entity describing the intent to commit the funds to the Eligible Project (by name) upon allocation approval, or
 ii. A formal letter, on official letterhead, from the Local Public Entity's governing body or from an official with authority, that demonstrates the Local Public Entity's intent to commit funds to the Eligible Project (by name) upon allocation approval. These funding commitments will be noted in the Homekey Standard Agreement.

Applicant comments: Include a description of balloon payments and unusual or extraordinary circumstances that have resulted in higher than expected Project costs and provide a justification as to why these costs are reasonable.

\$205 & \$206 Maximum Program Award, Capital Funding Match, and Operating/Rental Subsidy Revenue

Homekey Award including Capital (Baseline and Match), Operating Subsidy, and Relocation

| | | | | | | | | | | HCD Amount | Requested Amount | Actual Amount | | | |
|---|------------------------------|---|--|--|--|--|--|--|--|------------|---|------------------|--|--|--|
| \$205 Maximum Grant Amounts and Capital Match | | | | | | | | | | | | | | | |
| 1. Maximum Homekey Capital Award based on proposed population and proposed bedroom size | | | | | | | | | | \$0 | \$0 | \$0 | | | |
| 2. Maximum Homekey Contribution (1:1 match) Award | | | | | | | | | | \$0 | \$0 | \$0 | | | |
| A. Total Maximum Homekey Capital Award (1 + 2) | | | | | | | | | | \$0 | \$0 | \$0 | | | |
| B. Homekey Operating Subsidy (lesser of Need Analysis and Max Homekey Amount) | | | | | | | | | | \$0 | \$0 | \$0 | | | |
| 50% of Relocation Costs | | | | | | | | | | \$0 | \$0 | \$0 | | | |
| Maximum Homekey Program Award (Capital plus Operating Subsidy plus Other) (A + B) | | | | | | | | | | \$0 | \$0 | \$0 | | | |
| Capital Award based on how many Assisted Units from Unit Mix cell Y21 | | | | | | | | | | 0 | Total proposed Project units from Unit Mix cell E21 | 0 | | | |
| File Name | Funding Limit Exemption Form | If total Department sources exceed \$35 million, a request for exemption to the per Project funding limit is required. The Funding Limit Exemption Form can be found on the Homekey website . | | | | | | | | | | Uploaded to HCD? | | | |

| | | | | | | | | | | Monthly Amount | | | |
|---|--|--|--|--|--|--|--|--|--|----------------|--|---------|-----|
| i(a). Assisted Units reserved for those experiencing Chronic Homelessness, for Homeless Youth, or for Youth at Risk of Homelessness from Unit Mix cells V21 + X21 | | | | | | | | | | 0 | Monthly amount per unit | \$1,400 | \$0 |
| i(b). All other Assisted Units from Unit Mix cells U21+ W21 | | | | | | | | | | 0 | Monthly amount per unit | \$1,000 | \$0 |
| | | | | | | | | | | | Total qualifying monthly amount per unit | \$0 | |

Operating Subsidy: Maximum Homekey Amount

ii. The total duration of the operating subsidy (as described in i. above) is tied to the amount of the Applicant's matching funds, and is limited as follows:
 a. If Projects can demonstrate a commitment of three years of non-Homekey operating funds for Assisted Units, the Department will provide an operating subsidy sized for two years.
 b. If Projects can demonstrate a commitment of four or more years of non-Homekey operating funds for Assisted Units, the Department will provide an operating subsidy sized for three years.
If applicable, from rows 19-35 below, please enter operating subsidy source, funds commitment status, operating subsidy term, operating subsidy amount (Y1 -Y15), and operating subsidy status.
If your Project has rental subsidies, complete rows 46 - 62 below:

| ii. Operating Subsidy Source: | Funds Committed | Operating Subsidy term (in years) | | Qualifying Homekey subsidy years | 0 | \$0 |
|-------------------------------|-----------------|--|-----------------------------------|----------------------------------|-----|-----|
| | | Assisted Units receiving Operating Subsidy | Operating Subsidy term (in years) | | | |
| ii. Operating Subsidy Source: | Funds Committed | Assisted Units receiving Operating Subsidy | Operating Subsidy term (in years) | 0 | \$0 | |
| ii. Operating Subsidy Source: | Funds Committed | Assisted Units receiving Operating Subsidy | Operating Subsidy term (in years) | 0 | \$0 | |
| ii. Operating Subsidy Source: | Funds Committed | Assisted Units receiving Operating Subsidy | Operating Subsidy term (in years) | 0 | \$0 | |
| ii. Operating Subsidy Source: | Funds Committed | Assisted Units receiving Operating Subsidy | Operating Subsidy term (in years) | 0 | \$0 | |

| Operating subsidy source (rolls to 'Cash Flow' worksheet, rows 14-16) | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 | Year 9 | Year 10 | Year 11 | Year 12 | Year 13 | Year 14 | Year 15 | Total Applicant's Operating Subsidy |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|---------|---------|---------|---------|---------|-------------------------------------|
| 0 | | | | | | | | | | | | | | | | \$0 |
| 0 | | | | | | | | | | | | | | | | \$0 |
| 0 | | | | | | | | | | | | | | | | \$0 |
| 0 | | | | | | | | | | | | | | | | \$0 |

| | | | |
|------------|--|---|------------------|
| File Name: | | Provide commitment of this non-HK operating subsidy that will be used to maintain the ongoing affordability of the Project. | Uploaded to HCD? |
| File Name: | | Provide commitment of this non-HK operating subsidy that will be used to maintain the ongoing affordability of the Project. | Uploaded to HCD? |
| File Name: | | Provide commitment of this non-HK operating subsidy that will be used to maintain the ongoing affordability of the Project. | Uploaded to HCD? |
| File Name: | | Provide commitment of this non-HK operating subsidy that will be used to maintain the ongoing affordability of the Project. | Uploaded to HCD? |

iii. Applicant acknowledges operating awards are determined based on need, **exclusive of any debt service**. The amounts and durations referenced in (i) and (ii) above represent maximums.

| Operating Subsidy: Need Analysis | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Five Year Total |
|----------------------------------|--------|--------|--------|--------|--------|-----------------|
| 'Cash Flow' worksheet | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |

iv. Applicant acknowledges that operating awards may pay for a Project's necessary, recurring Operating Expenses in an amount approved by the Department. Qualifying expenses include utilities, maintenance, management fees, taxes, licenses, and Supportive Services costs, but not debt service or required reserve account deposits. Operating Expenses should be included in the Project's submitted budget?

v. If requesting an operating subsidy, upload a letter of support from the applicable Housing Authority confirming the need for an operating subsidy and evidencing why other subsidies, such as Project Based Vouchers, are not available.

| | | | |
|------------|--|---|------------------|
| File Name: | HA Support for Homekey Operating Subsidy | Provide a letter of support from the applicable housing authority confirming the need for an operating award and evidencing why other subsidies, such as Project-based vouchers (PBVs), are not available. The Housing Authority Support for Homekey Operating Subsidy template can be found on the Homekey website . | Uploaded to HCD? |
|------------|--|---|------------------|

vi. Applicants acknowledges the Homekey-funded portion of the operating award must be disbursed by HCD by **June 30, 2025** and expended by the **Grantee by June 30, 2026**, with the Grantee establishing a capitalized operating subsidy reserve and disbursing the funds as outlined in this NOFA. **No extensions will be granted on the Grantee expenditure deadline for the operating award?**

vii. Applicant acknowledges that the Department requires the Eligible Applicant to demonstrate a minimum **five-year commitment to provide operating funds for the proposed project?** The first two years of operating funds may include an award from Homekey. Operating match may be obtained from any source, including any federal, state, local, private, or philanthropic source. Applicants are encouraged to consider Project Based Vouchers; Veterans Affairs Supportive Housing (HUD-VASH) Vouchers; Faircloth to Rental Assistance Demonstration (RAD) conversions; Homeless Housing Assistance and Prevention Program (HHAP) funding; Permanent Local Housing Allocation (PLHA) funding; and HOME-ARP funding.
Note: The preceding list of potential match sources is not exhaustive. Eligible Applicants will have an opportunity to discuss the match requirements and potential match sources during the pre-application consultation.

\$304 Application Scoring Criteria (1)(b)(i) and (ii)

1(b)(i). Applicant contribution of non-Homekey Enforceable Funding Commitments for operating subsidies, including, but not limited to, Project-Based Vouchers, VASH vouchers, Faircloth to RAD conversions, tenant-based vouchers, or locally funded rental assistance.
 1(b)(ii). The length and strength of non Homekey operating funding leveraged to cover operating costs committed beyond the required five (5) years of initial Project operations. Score is based on weighted commitment type, percentage of costs covered, and length of commitment.
If applicable, from rows 46-62 below, please enter funds commitment status, rental subsidy term, rental subsidy amount (Y1 -Y15), and rental subsidy status.

| Rental Subsidy from 'Unit Mix cell M3 | Rental Subsidy Program #1 Name | Funds Committed | Rental Subsidy term (in years) | | Qualifying Homekey subsidy years | 0 | \$0 |
|---------------------------------------|--------------------------------|-----------------|---|--------------------------------|----------------------------------|-----|-----|
| | | | Assisted Units Receiving Rental Subsidy | Rental Subsidy term (in years) | | | |
| Rental Subsidy from 'Unit Mix cell O3 | Rental Subsidy Program #2 Name | Funds Committed | Assisted Units Receiving Rental Subsidy | Rental Subsidy term (in years) | 0 | \$0 | |
| Rental Subsidy from 'Unit Mix cell Q3 | Rental Subsidy Program #3 Name | Funds Committed | Assisted Units Receiving Rental Subsidy | Rental Subsidy term (in years) | 0 | \$0 | |
| Rental Subsidy from 'Unit Mix cell S3 | Rental Subsidy Program #4 Name | Funds Committed | Assisted Units Receiving Rental Subsidy | Rental Subsidy term (in years) | 0 | \$0 | |

| Rental subsidy program (rolls to 'Cash Flow' worksheet, rows 8-11) | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 | Year 9 | Year 10 | Year 11 | Year 12 | Year 13 | Year 14 | Year 15 | Total Applicant's Rental Subsidy |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|---------|---------|---------|---------|---------|----------------------------------|
| Rental Subsidy Program #1 Name | \$0.00 | | | | | | | | | | | | | | | \$0 |
| Rental Subsidy Program #2 Name | \$0.00 | | | | | | | | | | | | | | | \$0 |
| Rental Subsidy Program #3 Name | \$0.00 | | | | | | | | | | | | | | | \$0 |
| Rental Subsidy Program #4 Name | \$0.00 | | | | | | | | | | | | | | | \$0 |

| | | | |
|------------|--------------------------------|---|------------------|
| File Name: | Rental Subsidy Program #1 Name | Provide commitment of this non-Homekey rental subsidy that will be used to maintain the ongoing affordability of the Project. | Uploaded to HCD? |
| File Name: | Rental Subsidy Program #2 Name | Provide commitment of this non-Homekey rental subsidy that will be used to maintain the ongoing affordability of the Project. | Uploaded to HCD? |
| File Name: | Rental Subsidy Program #3 Name | Provide commitment of this non-Homekey rental subsidy that will be used to maintain the ongoing affordability of the Project. | Uploaded to HCD? |
| File Name: | Rental Subsidy Program #4 Name | Provide commitment of this non-Homekey rental subsidy that will be used to maintain the ongoing affordability of the Project. | Uploaded to HCD? |

Applicant Comments

Year 1 Annual Income and Expenses

| Employee Information | | | | Comments |
|----------------------|--|--------------|--------------------|-------------------------------|
| | Employee Job Title | Salary/Wages | Value of Free Rent | |
| | On-Site Manager(s) | \$0 | \$0 | |
| | On-Site Assistant Manager(s) | \$0 | \$0 | |
| | Supportive Services Staff Supervisor(s) | \$0 | | |
| | Supportive Services Coordinator, On-Site | \$0 | | |
| | Other Supportive Services Staff (inc. Case Manager) | \$0 | | |
| | On-Site Maintenance Employee(s) | \$0 | \$0 | |
| | On-Site Leasing Agent/Administrative Employee(s) | \$0 | \$0 | |
| | On-Site Security Employee(s) | \$0 | \$0 | |
| | Other Supportive Services Costs: (specify) | \$0 | \$0 | |
| | Other Supportive Services Costs: (specify) | \$0 | \$0 | |
| | Other Supportive Services Costs: (specify) | \$0 | \$0 | |
| | Other Supportive Services Costs: (specify) | \$0 | \$0 | |
| | Total Salaries and Value of Free Rent Units | \$0 | \$0 | |
| 6711 | Payroll Taxes | | | Show free rent as an expense? |
| 6722 | Workers Compensation | | | |
| 6723 | Employee Benefits | | | |
| | Employee(s) Payroll Taxes, Workers Comp. & Benefits | \$0 | | |
| | Total Employee(s) Expenses | \$0 | | |

| Employee Units | | | |
|----------------|--|---------------------------|----------------|
| Income Limit | Job Title(s) of Employee(s) Living On-Site | Unit Type (No. of bdrms.) | Square Footage |
| | | | |
| | | | |
| | | | |
| | Total Square Footage | | 0 |

| Year 1 Annual Operating Budget | | | | |
|--------------------------------|--|-------------|------------|----------|
| Acct. No. | Revenue - Income | Residential | Commercial | Comments |
| 5120/5140 | Rent Revenue - Gross Potential | | \$0 | |
| | Restricted Unit Rents | \$0 | | |
| | Unrestricted Unit Rents | \$0 | | |
| 5121 | Tenant Assistance Payments | | | |
| | Rental Subsidy Program #1 Name | \$0 | | |
| | Rental Subsidy Program #2 Name | \$0 | | |
| | Rental Subsidy Program #3 Name | \$0 | | |
| | Rental Subsidy Program #4 Name | \$0 | | |
| | 0 | \$0 | \$0 | |
| | 0 | \$0 | \$0 | |
| | 0 | \$0 | \$0 | |
| | 0 | \$0 | \$0 | |
| 5910 | Laundry and Vending Revenue | \$0 | | |
| 5170 | Garage and Parking Spaces | \$0 | \$0 | |
| 5990 | Interim Housing Revenue | \$0 | \$0 | |
| | Gross Potential Income (GPI) | \$0 | \$0 | |
| | Vacancy Rate: Restricted Units | 5.0% | | |
| | Vacancy Rate: Unrestricted Units | 5.0% | | |
| | Vacancy Rate: Tenant Assistance Payments | 5.0% | | |
| | Vacancy Rate: Laundry & Vending & Other Income | 5.0% | | |
| | Vacancy Rate: Commercial Income | | 50.0% | |
| 5220/5240 | Vacancy Loss(es) | \$0 | \$0 | |
| | Effective Gross Income (EGI) | \$0 | \$0 | |

| Acct. No. | Expenses | Residential | Commercial | Comments |
|-----------|---|-------------|------------|----------|
| | Administrative Expenses: 6200/6300 | | | |
| 6203 | Conventions and Meetings | \$0 | \$0 | |
| 6210 | Advertising and Marketing | \$0 | \$0 | |
| 6250 | Other Renting Expenses | \$0 | \$0 | |
| 6310 | Office/Administrative Salaries -- from above | \$0 | \$0 | |
| 6311 | Office Expenses | \$0 | \$0 | |
| 6312 | Office or Model Apartment Rent | \$0 | \$0 | |
| 6320 | Management Fee | \$0 | \$0 | |
| 6330 | Site/Resident Manager(s) Salaries -- from above | \$0 | \$0 | |
| 6331 | Administrative Free Rent Unit -- from above | \$0 | \$0 | |
| 6340 | Legal Expense -- Project | \$0 | \$0 | |
| 6350 | Audit Expense | \$0 | \$0 | |
| 6351 | Bookkeeping Fees/Accounting Services | \$0 | \$0 | |

| Rev 4/23/2023 | Year 1 Annual Income and Expenses | | | | |
|------------------|---|--------------------|-------------------|------------|-----------------|
| 6390 | Miscellaneous Administrative Expenses | | \$0 | \$0 | |
| 6263T | Total Administrative Expenses | | \$0 | \$0 | |
| Acct. No. | Expenses | Residential | Commercial | | Comments |
| | Utilities Expenses: 6400 | | | | |
| 6450 | Electricity | | \$0 | \$0 | |
| 6451 | Water | | \$0 | \$0 | |
| 6452 | Gas | | \$0 | \$0 | |
| 6453 | Sewer | | \$0 | \$0 | |
| | Other Utilities: (specify) | | \$0 | \$0 | |
| 6400T | Total Utilities Expenses | | \$0 | \$0 | |
| | Operating and Maintenance Expenses: 6500 | | | | Comments |
| 6510 | Payroll -- from above | | \$0 | \$0 | |
| 6515 | Supplies | | \$0 | \$0 | |
| 6520 | Contracts | | \$0 | \$0 | |
| 6521 | Operating & Maintenance Free Rent Unit -- from above | | \$0 | \$0 | |
| 6525 | Garbage and Trash Removal | | \$0 | \$0 | |
| 6530 | Security Contract | | \$0 | \$0 | |
| 6531 | Security Free Rent Unit -- from above | | \$0 | \$0 | |
| 6546 | Heating/Cooling Repairs and Maintenance | | \$0 | \$0 | |
| 6548 | Snow Removal | | \$0 | \$0 | |
| 6570 | Vehicle & Maintenance Equipment Operation/Reports | | \$0 | \$0 | |
| 6590 | Miscellaneous Operating and Maintenance Expenses | | \$0 | \$0 | |
| 6500T | Total Operating & Maintenance Expenses | | \$0 | \$0 | |
| | Taxes and Insurance: 6700 | | | | Comments |
| 6710 | Real Estate Taxes | | \$0 | \$0 | |
| 6711 | Payroll Taxes (Project's Share) -- from above | | \$0 | \$0 | |
| 6720 | Property and Liability Insurance (Hazard) | | \$0 | \$0 | |
| 6729 | Other Insurance (e.g. Earthquake) | | \$0 | \$0 | |
| 6721 | Fidelity Bond Insurance | | \$0 | \$0 | |
| 6722 | Worker's Compensation -- from above | | \$0 | \$0 | |
| 6723 | Health Insurance/Other Employee Benefits--from above | | \$0 | \$0 | |
| 6790 | Miscellaneous Taxes, Licenses, Permits & Insurance | | \$0 | \$0 | |
| 6700T | Total Taxes and Insurance | | \$0 | \$0 | |
| | Supportive Services Costs: 6900 | | | | Comments |
| 6990 | Staff Supervisor(s) Salaries - from above | | \$0 | \$0 | |
| 6990 | Services Coordinator Salaries, On-Site - from above | | \$0 | \$0 | |
| 6990 | Other Supportive Services Staff Salaries - from above | | \$0 | \$0 | |
| 6990 | Supportive Services Admin Overhead | | \$0 | \$0 | |
| 6990 | Tenant Transportation (per SSP) | | \$0 | \$0 | |
| 6990 | Staff training (per SSP) | | \$0 | \$0 | |
| 6990 | Equipment | | \$0 | \$0 | |
| 6990 | Supplies | | \$0 | \$0 | |
| 6990 | Travel | | \$0 | \$0 | |
| 6990 | Office Rent/Occupancy Costs (don't include rent/leasing costs for SH units) | | \$0 | \$0 | |
| 6990 | Training | | \$0 | \$0 | |
| 6990 | Other Supportive Services Costs: (specify) | | \$0 | \$0 | |
| 6990 | Other Supportive Services Costs: (specify) | | \$0 | \$0 | |
| 6900T | Total Supportive Services Costs | | \$0 | \$0 | |
| | Total Operating Expenses | | \$0 | \$0 | Comments |
| | Funded Reserves: 7200 | Residential | Commercial | | |
| 7210 | Required Replacement Reserve Deposits | | \$0 | \$0 | |
| 7220 | Other Reserves: (specify) | | \$0 | \$0 | |
| 7230 | Other Reserves: (specify) | | \$0 | \$0 | |
| 7240 | Other Reserves: (specify) | | \$0 | \$0 | |
| | Total Reserves | | \$0 | \$0 | |
| | Ground Lease | Residential | Commercial | | |
| | Ground Lease | | \$0 | \$0 | |
| | Total Ground Lease | | \$0 | \$0 | |
| | Net Operating Income | | \$0 | \$0 | |
| | Financial Expenses: 6800 | | | | Comments |
| 6820 | 1st Mortgage Debt Service | | \$0 | \$0 | |
| 6830 | 2nd Mortgage Debt Service | | \$0 | \$0 | |
| 6840 | 3rd Mortgage Debt Service | | \$0 | \$0 | |
| 6890 | Misc. Financial Expenses: (specify) | | \$0 | \$0 | |
| 6890 | Misc. Financial Expenses: (specify) | | \$0 | \$0 | |

| | | | | |
|---------------|--|------------|------------|--|
| Rev 4/23/2023 | Year 1 Annual Income and Expenses | | | |
| 6890 | Misc. Financial Expenses: (specify) | \$0 | \$0 | |
| 6890 | Misc. Financial Expenses: (specify) | \$0 | \$0 | |
| 6800T | Total Financial Expenses | \$0 | \$0 | |
| | Cash Flow | \$0 | \$0 | |
| 7190 | Asset Management/Similar Fees | \$0 | \$0 | |

Applicant Comments

Cash Flow Analysis

Rev 4/23/2023

Income from Restricted Units will be based on Proposed Rents.

Proposed Rents

| Income From Housing Units | Inflation | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 | Year 9 | Year 10 | Year 11 | Year 12 | Year 13 | Year 14 | Year 15 |
|--|-----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Restricted Unit Rents | 2.5% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Unrestricted Unit Rents | 2.5% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Tenant Assistance Payments | | | | | | | | | | | | | | | | |
| <i>Rental Subsidy Program #1 Name</i> | 2.5% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| <i>Rental Subsidy Program #2 Name</i> | 2.5% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| <i>Rental Subsidy Program #3 Name</i> | 2.5% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| <i>Rental Subsidy Program #4 Name</i> | 2.5% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Operating Subsidies | | | | | | | | | | | | | | | | |
| 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Gross Potential Income - Housing | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other Income | | | | | | | | | | | | | | | | |
| Laundry & Vending | 2.5% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other Income | 2.5% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Commercial Income | 2.5% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Gross Potential Income - Other | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Gross Potential Income - Total | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Vacancy Assumptions | | | | | | | | | | | | | | | | |
| Restricted Units | 5.0% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Unrestricted Units | 5.0% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Tenant Assistance Payments | 5.0% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Laundry/Vending/Other Income | 5.0% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Commercial Income | 50.0% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Vacancy Loss | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Effective Gross Income | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Operating Expenses & Reserve Deposits | | | | | | | | | | | | | | | | |
| Residential Exp. (w/o Real Estate Taxes & Sup. Services) | 3.5% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Real Estate Taxes | 3.5% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Supportive Services Costs | 3.5% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Replacement Reserve | 0.0% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other Reserves | 3.5% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ground Lease | 3.5% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Commercial Expenses | 3.5% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Expenses & Reserves | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Net Operating Income | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Debt Service | | | | | | | | | | | | | | | | |
| 1st Mortgage Debt Service | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Bridge Loan (repaid from Investor equity) | | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | |
| 2nd Mortgage Debt Service | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3rd Mortgage Debt Service | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Misc. Financial Expenses: (specify) | 3.0% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Misc. Financial Expenses: (specify) | 3.0% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Misc. Financial Expenses: (specify) | 3.0% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Misc. Financial Expenses: (specify) | 3.0% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | | | | |
|---|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| Total Required Debt Service | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Cash Flow after all debt service | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Debt Service Coverage Ratio (DSCR) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Cash Flow After Debt Service - HCD Projects | | | | | | | | | | | | | | | | |
| Asset Mgmt./ Similar Fees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Max Asset Mgmt/Similar Fees | 3.0% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Target NOI to get to 1.1 DSCR | 0 | | | | | | | | | | | | | | | |
| Subsidy needed to get to 1.1 DSCR | 0 | | | | | | | | | | | | | | | |
| Reserves & Debt (not payable by HK Op Subsidy) | | | | | | | | | | | | | | | | |
| Reserve Expenses | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Required Debt Service | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Reserve Expenses and Debt | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Reserve Exp. and Debt unpaid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Homekey Operating Subsidy amount | 0 | | | | | | | | | | | | | | | |
| Homekey Operating Subsidy Draw* | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | |
| Cash Flow after HK Op Subsidy draw | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| NOI after all draws | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DSCR with Homekey draws | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| *HK Op Subsidy balance after draws | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Applicant Comments:

Part I. Tenant Selection

§502 asks for a detailed description of the Tenant Selection process. Using the titled sections below, the narrative should be as specific as possible, delineating the roles of property management and the support service provider and how these functions will be coordinated. Your description should clearly and conclusively document processes to ensure compliance with the Homekey Round 3 NOFA for Tenant Selection and Housing First Practices.

Section 1: Tenant Selection Criteria

Target Population and Eligibility Criteria

a. Do you use Housing First Practices?

b. Describe the criteria that will be used to ensure that tenants are eligible to occupy the Homekey Assisted Units.

c. Description of the Target Population to be served, and identification of any additional subpopulation target or occupancy preference for the Project. (all sub-population targeting must be approved by HCD prior to standard agreement issuance and must be consistent with federal and state fair housing requirements).

d. Describe any additional eligibility criteria other than those indicated above, i.e., information needed to determine if the tenant can comply with lease terms. **NOTE:** Selection criteria designed to assess anything other than the ability to comply with lease terms generally run afoul of fair housing laws designed to protect equal access to housing for people with disabilities. [See Between the Lines, A Question and Answer Guide on Legal Issues in Supportive Housing Chapter 4.](#)

e. Identify all disclosures that will be provided to applicants/tenants. Example: Megan's Law disclosures, HMIS reporting, etc.

Section 2: Referrals

The following addresses the required use of the Coordinated Entry System (CES) for all referrals into Homekey Assisted Units or an alternate comparable prioritization system for those At Risk of Homelessness based on greatest need. Note that use of standard waiting lists is prohibited, in that both of these systems must prioritize referrals based on highest acuity needs, rather than first-come first served.

a. Describe how the local CES will be used to fill Homekey Assisted Units based on the use of a standardized assessment tool which prioritizes those with the highest need and the most barriers to housing retention. Include the CES agency's name, primary staff person's name, and contact information. If the local CES is not yet operational, describe when it'll be established and the plan to use it.

b. If using a separate comparable prioritization system than CES to refer persons At Risk of Homelessness describe that system. All referral protocols for Homekey Assisted Units must be developed in collaboration with the local CoC and implemented consistent with the requirements set forth in the Homekey NOFA.

Section 3: Housing First Certification §501

The Eligible Applicant shall certify to employ the core components of Housing First, as set forth at Welfare and Institutions Code §8255, subdivision (b), in its property management and tenant selection practices. Complete the checklist below to certify compliance with Housing First.

Tenant Screening

- 1. If the project cannot serve someone, it works through the coordinated entry process to ensure that those individuals or families have access to housing and services elsewhere.
- 2. The project does everything possible not to reject an individual or family based on poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that are interpreted as indicating a lack of "housing readiness."
- 3. Access to the project is not contingent on sobriety, minimum income requirements, lack of a criminal record, completion of treatment, participation in services, or any other unnecessary condition not imposed by the terms of the funding itself.
- 4. People with disabilities are offered clear opportunities to request reasonable accommodations within applications and screening processes and during tenancy. Building and units include physical features that accommodate disabilities.

Housing-Based Voluntary Services

- 1. If serving youth experiencing homelessness, services use a positive youth development model and culturally competent services to engage with tenants.
- 2. Services are informed by a harm-reduction philosophy that recognizes that substance use/ addiction are a part of some tenants' lives. Tenants are engaged in non-judgmental communication regarding substance use and are offered education regarding safer practices and how to avoid risky behaviors.
- 3. Case managers and service coordinators who are trained in and actively employ evidence-based practices for client engagement, including, but not limited to, motivational interviewing and client-centered counseling.
- 4. Participation in services or compliance with service plans are not conditions of tenancy but are reviewed with tenants and regularly offered as a resource to tenants. Housing and service goals and plans are highly tenant driven.
- 5. Supportive services emphasize engagement and problem-solving over therapeutic goals.

Housing Permanency

- 1. Substance use in and of itself, without other lease violations, is not considered a reason for eviction.
- 2. Tenants in supportive housing are given reasonable flexibility in paying their share of rent on time and offered special payment arrangements for rent arrears and/or assistance with financial management, including representative payee arrangements.
- 3. Every effort is made to provide a tenant the opportunity to transfer from one housing situation, program, or project to another if tenancy is in jeopardy. Whenever possible, eviction back into homelessness is avoided.
- 4. Program Requires Housing Providers to Provide Tenants with Leases and Reflects Tenants' Rights & Responsibilities Of Tenancy Under CA Law (including eviction protections).

Part II. Supportive Services Detail

Section 1: Supportive Services Provider Information

If already identified, list the supportive service provider (s) for the Target Population and any proposed sub-populations to be served by the Project. If more than one Provider will be offering services, describe how services will be coordinated.

| Provider Name | Populations the Provider will serve | Services Provider will offer |
|---------------|-------------------------------------|------------------------------|
| | | |
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§300(iii) Supportive Services Plan (SSP)

Rev 4/23/2023

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Describe any known conflicts and/or the mitigation strategy for when Homekey funding or other program requirements conflict with Housing First practices, as applicable.

If your tenants and participants include minor children and/or adult dependents of Homekey Tenants, describe any additional criteria that will be used to ensure applicants are eligible to occupy the Homekey Assisted Units.

Section 2: Supportive Services Chart

Required Services: List and describe all services as required in §300 to be offered to tenants of the Homekey Assisted Units.

| Resident Service | Service Description | Frequency | Hours | Service Provider | Off-site Service Location |
|---|--|--------------------------------|-----------------------------------|------------------|---|
| List each service separately | Describe service, including the degree to which services are provided. | Frequency of services provided | Provide the hours of availability | Provider's Name | If service is on-site, leave blank. Enter distance, in miles, to off-site service and list resident commuting options. Reasonable access is access that does not require walking more than one-half mile. |
| Case management | | | | | |
| Peer support activities | | | | | |
| Mental health care | | | | | |
| Substance use services | | | | | |
| Behavioral health services | | | | | |
| Physical health services | | | | | |
| Assistance obtaining benefits and essential documentation | | | | | |

§300(iii) Supportive Services Plan (SSP)

Rev 4/23/2023

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|--|--|--|--|--|--|
| Education and employment services | | | | | |
| Other services, such as housing retention skills, legal assistance, family connection services, etc. | | | | | |
| Other Residential Services (specify) | | | | | |
| Other Residential Services (specify) | | | | | |

Section 3: Supportive Services Coordination

1. Describe the accessibility of community services to which you propose linkages, whether they are on-site or in close proximity to the Project, and the frequency, travel time and cost to the tenant for transportation required to access the services to include both public transportation and private transportation services (e.g. van owned by the provider). If available, provide documentation, in the form of Memorandum of Understanding, Memorandum of Agreement, letters of support or contracts demonstrating who will be responsible for ensuring access to services and how accessibility will be accomplished.

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2. Describe how the supportive services will be provided in a manner that is culturally and linguistically competent for persons of different races, ethnicities, sexual orientations, gender identities, and gender expressions. This includes explaining how services will be provided to Homekey tenants who do not speak English, or have other communication barriers, including sensory disabilities, and how communication among the services providers, the property manager and these tenants will be facilitated. Additionally, describe how services will accommodate trauma-based, barriers to services. If available, provide documentation, in the form of Memorandum of Understanding, Memorandum of Agreement, letters of support or contracts demonstrating who will be responsible for ensuring access to services and how accessibility will be accomplished.

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3. Describe how you will engage with tenant and/or participant to encourage voluntary participation in services as well as in community building, such as resident councils or similar forums. Included a description of tenant/participant outreach, engagement and retention strategies to be used.

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Part III. Staffing

Section 1a: Staffing Description

Describe the overall staffing pattern, including the roles and responsibilities for each position listed in the Staffing Chart below. List the target populations served through each position.

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Section 1b: Staffing Chart

List all staff positions that will provide services to the tenants of the Homekey Assisted Units. Include any staff positions of partnering organizations who have committed time to the Project. Include the services coordination staff. For each position, list the position title, minimum requirements, the full-time equivalent (FTE), the organization under which the position resides, and the location of the position (on-site or off-site). **Do not include staff which serve non-Homekey Units and supervisors, peer support positions, or HMIS Administration positions.** If a staff position serves both tenants in Homekey and non-Homekey units, include only that portion (i.e., % FTE) of the staff position dedicated to Homekey Assisted Units. Attach a copy of each positions duty statement, if these documents are available.

NOTE: Indicate which staff position will be responsible for Homeless Management Information System data entry and CoC coordination.

| Title | Minimum requirements | Total FTE: | 0 | Employing Organization | Location |
|--------------------------|---|---|---|---|--------------------------------|
| List each staff position | List minimum required staff preparation include (education & experience). | Indicate FTE staff positions for Homekey units (half-time is 0.5) | | List which organization will employ each staff position | Select "On-Site" or "Off-Site" |
| | | | | | |
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§300(iii) Supportive Services Plan (SSP)

Rev 4/23/2023

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Section 2: Staffing Ratios

1. Complete case manager staffing ratio chart to show how many staff are assigned per client (for example 2:1, 3:1, etc.). Include all case management. Provide only the number of ongoing direct service staff positions that will provide services to the tenants of the Homekey Assisted Units, (for example, case manager, psychiatric nurse, services coordinator, etc.). **Do not include supervisors, peer support positions, or HMIS Administration positions.** Describe staffing ratio special circumstances below.

| Population Type: | Chronically Homeless (cannot exceed 20 to 1 ratio) | Homeless (cannot exceed 15 to 1 ratio) | At-Risk of Homelessness (cannot exceed 40 to 1 ratio) | Homeless Youth, or Youth at Risk of Homelessness (cannot exceed 15 to 1 ratio) | Totals |
|-----------------------------|---|---|--|---|--------|
| Units Serving Subpopulation | 0 | 0 | 0 | 0 | 0 |
| Staff Serving Subpopulation | | | | | 0 |
| Case Manager Ratio | | | | | |

Part IV. Supportive Services Budget

Provide a line item supportive services budget for the Project using the format below. Complete both income and expense portions of the budget on a yearly basis. Include all costs associated with implementing your SSP, including any in-kind services. Include income and expenses for all staff positions and partnering organizations who have committed time to the Project. Total expenses should equal total income. Add expense item categories & lines as necessary. Don't include costs associated with providing services in non-Homekey Assisted Units. If costs are associated with both Homekey & non-Homekey Assisted Units, include only the Homekey Assisted Units portion.

| Income Source/Program Name | Amount | Type | Funding Status | % of Total Budget |
|---|------------|------|----------------|-------------------|
| | | | | 0.00% |
| | | | | 0.00% |
| Homekey Operating Subsidy | | | | 0.00% |
| | | | | 0.00% |
| | | | | 0.00% |
| Total Revenue | \$0 | | | 0.00% |
| Expense Item | Amount | Type | Funding Status | % of Total Budget |
| Staff Salaries: List by title of position. (This list must match the Staffing Chart above.) | | | | |
| | FTE: 0.00 | | | 0.00% |
| | FTE: 0.00 | | | 0.00% |
| | FTE: 0.00 | | | 0.00% |
| | FTE: 0.00 | | | 0.00% |
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| | FTE: 0.00 | | | 0.00% |
| Supportive Services Staff Supervisor(s) | FTE: \$0 | | | 0.00% |
| Supportive Services Coordinator, On-Site | FTE: \$0 | | | 0.00% |
| Other Supportive Services Staff (inc. Case Manager) | FTE: \$0 | | | 0.00% |
| Fringe Benefits | | | | 0.00% |
| Total Staff Expenses | \$0 | | | 0.00% |
| Tenant Transportation (per SSP) | \$0 | | | 0.00% |
| Staff training (per SSP) | \$0 | | | 0.00% |
| Equipment | \$0 | | | 0.00% |
| Supplies | \$0 | | | 0.00% |
| Travel | \$0 | | | 0.00% |
| Office Rent/Occupancy Costs (don't include rent/leasing costs for SH units) | \$0 | | | 0.00% |
| Training | \$0 | | | 0.00% |
| Other Supportive Services Costs: (specify) | \$0 | | | 0.00% |
| Other Supportive Services Costs: (specify) | \$0 | | | 0.00% |
| Total Expenses | \$0 | | | 0.00% |

Part V. Property Management Plans and Tenant Selection

Section 1: Property Management Plans and Tenant Selection

The Property Management Plan and tenant selection policies submitted with the Homekey application will be evaluated for the following consistent with state Housing First requirements. These documents must identify, describe, and utilize Housing First and low-barrier tenant selection processes that prioritize those with the highest needs for available housing. The descriptions of the use of Housing First and tenant selection in this SSP must be consistent with the Property Management Plan and the tenant selection policies. **The Property Management Plan and tenant selection policies should address the following and be consistent with state Housing First requirements, as well as and other Homekey program requirements:**

| | | |
|--|---------------------------------------|---|
| 1. Applicant eligibility and screening standards | Included in Property Management Plan? | |
| 2. Confidentiality | Included in Property Management Plan? | |
| 3. Substance abuse policy | Included in Property Management Plan? | |
| 4. Communication between property manager and supportive services staff | Included in Property Management Plan? | |
| 5. Eviction policies and eviction prevention procedures | Included in Property Management Plan? | |
| 6. Process for assisting tenants to apply for different forms of cash and non-cash benefits to aid the household in retaining their housing, if needed | Included in Property Management Plan? | |
| 7. How applicants and residents will be assisted in making reasonable accommodation requests, in coordination with the services provider and persuasive to outside entities, such as Housing Authorities, to ensure that persons with disabilities have access to and can maintain housing | Included in Property Management Plan? | |
| 8. Policies and practices to facilitate Voluntary Moving On strategies | Included in Property Management Plan? | |
| 9. Appeal and Grievance Procedures | Included in Property Management Plan? | |
| File Name | Property Management Plan | Submit Property Management Plan and Tenant Selection Policies |
| | | Uploaded to HCD? |

Part VI. Measurable Outcomes and Plan for Evaluation

Specific target populations will likely have varying outcomes and evaluation strategies. List outcomes and evaluations plans specific to each target population.

Section 1: Measurable Outcomes

Outcomes are what you expect to happen for the people served by your Project. Outcomes are sometimes called results. Outcome objectives are time-specific measurable goals that identify how you know if you are achieving your desired results. Outcome objectives are sometimes called outcome benchmarks or indicators. Categorize the outcomes for your Project into the following three categories:

| Category | Outcomes | Outcome Objectives |
|--|----------|--------------------|
| Residential Stability: Tenants maintain permanent housing (see examples in cell comments to the right) | | |
| Increased Skills and/or Income: Tenants gain job-related skills, participate in job-related training and/or education, gain stipend part-time or full-time supported employment, gain access to mainstream service/income support Programs for which they are eligible (see examples in cell comments to the right) | | |
| Greater Self- Determination: Tenants gain daily living skills and ability to plan and advocate for themselves to maximize independence and self-sufficiency (see examples in cell comments to the right) | | |
| Other (specify) | | |

Section 2: Plan for Evaluation

Describe your evaluation plan, including how you intend to collect, track and analyze data on the effectiveness of your Project, including the outcomes Projected above. Indicate who will analyze the data and perform your Program evaluation. (e.g., staff, consultant, etc.).

Applicant Comments

| | | | | | | | | | | | | | |
|---|--|----------------------|---|--|--|--|---|--------------------------|------|----------------------------|-----------|------|----|
| | | | | | | | | | | 0.00 | 15 | | |
| b. Service provider's experience helping persons address barriers to housing stability and providing other support services; one (1) point awarded for each year of service experience, after 3 years - max 15 points | | | | | | | | | | Years | 0.0 | 0.00 | 15 |
| Project Name and address | | | | Experience Provider | | Housing type | | Population Served | | # of months serving | | | |
| | | | | Supportive Service Provider | | | | | | | | | |
| | | | | Supportive Service Provider | | | | | | | | | |
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| | | | | Supportive Service Provider | | | | | | | | | |
| c. Commitment letter(s) or MOU(s) documenting how the complete development and management team (which may include Applicant, Developer, Property Manager, and Lead Service Provider) are connected and will work together on the Project. Applicants are encouraged to complete due diligence checklists to ensure all members of the team are aware of roles and responsibilities - 15 points | | | | | | | | | | 0.00 | 15 | | |
| File Name: Commitment letter(s) or MOU(s) Provide commitment letter(s) or MOU(s) documentation | | | | | | | | | | Uploaded to HCD? | | | |
| 3. Community impact and site selection - max 76 points | | | | | | | | | | 0.00 | 76 | | |
| a. Project serves specific sub-populations from 'Unit Mix cells V22, W22, X22' - 20 points | | | Chronic Homelessness | 0.00% | Homelessness | 0.00% | Homeless Youth or Youth at Risk of Homelessness | 0.00% | 0.00 | 20 | | | |
| b. Assisted Units include units for large family housing types - 10 points | | | Percentage of Assisted units that are three bedrooms or larger | | 0.00% | Percentage of Assisted units that are two bedrooms or larger | | 0.00% | 0.00 | 10 | | | |
| c. If proposed project is Permanent, Applicant waives any potential accommodation by the Department to increase income limits at year 15 from the recordation of the use restriction, as described in §303(ii) - max 20 points | | | Total Assisted units Applicant elects to waive the right to increase income limits at year 15 from the recordation of the use restriction, as described in §303(ii) | | | Percentage of Assisted units elected to waive increase of income limits at year 15 | | 0.00% | 0.00 | 20 | | | |
| d. Extent Project commits to being accessible to persons with disabilities - max 10 points | | | | | Total units from 'Unit Mix' worksheet cell E21 | | | 0 | 0.00 | 10 | | | |
| # of units exceeding state and federal accessibility requirements set forth in §505, specifically units with features accessible to persons with mobility disabilities - 5 points | | | | | % of units exceeding state and federal accessibility requirements as set forth in §505 | | | 0.00% | 0.00 | 5 | | | |
| # of units with features accessible to persons with hearing or vision disabilities as defined in 24 CFR Part 8.22 and the parallel ADAAG 2010 and CBC Ch. 11B provisions - 5 points | | | | | % of units accessible to persons with hearing or vision disabilities | | | 0.00% | 0.00 | 5 | | | |
| e. Site Selection - (max 12 points; max 16 points for Rural Projects; max 15 Points for Youth Projects) | | | | | | | | | | 0.00 | 12/15 | | |
| File Name: Amenities Site Map Map indicating the proposed housing location(s) and scoring related amenities below. | | | | | | | | | | Uploaded to HCD? | | | |
| i. Project site is located within 1/2 mile of a bus rapid transit station, light rail station, commuter rail station, ferry terminal, bus station, or public bus stop OR the project includes an alternative transportation service for residents (e.g., van or dial-a-ride service), if costs of obtaining and maintaining the van and its service are included in the budget and the operating schedule is either on demand by tenants or a regular schedule is provided - max 4 points | | | | | | | | | | 0.00 | 4 | | |
| ii. Project site is located proximity to a full-scale grocery store/supermarket where staples, fresh meat, and fresh produce are sold - max 2 points | | | | | | Rural Area? | | 0.00 | 2 | | | | |
| iii. Project site is located within proximity of a qualifying medical clinic with a physician, physician's assistant, or nurse practitioner on-site for a minimum of 40 hours each week , or hospital (not a private doctor's office.) A qualifying medical clinic must accept Medi-Cal/Medicare payments, or Health Care for the Homeless, or have an equally comprehensive subsidy program for low-income patients. - max 1 point | | | | | | Rural Area? | | 0.00 | 1 | | | | |
| iv. Project site is located within proximity of a book-lending public library - max 1 point | | | | | | Rural Area? | | 0.00 | 1 | | | | |
| v. Project site is located within proximity of a pharmacy. May be included in a grocery store or health facility - max 2 points | | | | | | Rural Area? | | 0.00 | 2 | | | | |
| vi. Project site is located within proximity of a public park or a community center accessible to the general public - max 1 point | | | | | | Rural Area? | | 0.00 | 1 | | | | |
| vii. Project site has high speed internet service, with a minimum average download speed of 25 megabits/second must be made available to each Unit for a minimum of 15 years, free of charge to the tenants and participants, and available within six months of the project's placed-in-service date. Documentation of internet availability must be included in the application. max 3 points | | | | | | | Rural Area? | | 0.00 | 3 | | | |
| File Name: High Speed Internet If cell AI72 is "Yes", provide document of Internet availability | | | | | | | | | | Uploaded to HCD? | | | |
| viii. For Projects with units serving Homeless Youth: Project site is within proximity of at least two of the following: community colleges, universities, trade schools, apprenticeship programs, employment programs, childcare centers for parenting youth, and/or community centers for youth (e.g., LGBTQ+ centers, drop-in youth centers)? - max 2 points | | | | | | | Homeless Youth? | No | 0.00 | 2 | | | |
| 4. Relocation Impacts - max minus 20 points | | | | | | | | | | | | | |
| a. For any Project resulting in the permanent displacement of residents (not businesses or farm operations), as outlined below: | | | | | | | | | | | | | |
| The Project permanently displaces existing residents: | | Total existing units | 0 | Total household units that will be displaced | | Percentage of household units that will be displaced | 0.00% | 0.00 | -20 | | | | |
| 5. Negative Points | | | | | | | | | | | | | |
| a. Negative Points assessed by the Department to the Applicant | | | | | | | | | | | | | |
| Note: In the event of program oversubscription, where Applicants have the same score and the same date and time stamp, the Department may consider additional criteria as a tiebreaker, including but not limited to the cost-effectiveness, community impact, affirmatively furthering fair housing, innovative housing types, tenant and participant stability and proximity to transit, services and amenities. | | | | | | | | | | | | | |
| Applicant Comments | | | | | | | | | | | | | |

1 Application Upload Checklist

Rev 4/23/2023

The Checklist below is intended to be used after the Applicant completes the Homekey Round 3 application. Use the electronic file name descriptions below for the electronic submission via online portal. **Failure to submit a complete application including the required documentation may result in the need for you to amend and resubmit your application resulting in your application's HCD review to be repositioned to the date of resubmittal.**

Application materials, workbooks, and supporting documentation must be submitted no later than **5:00 p.m. Pacific Daylight Time on July 28, 2023.**

1 Applicant acknowledges that the Application Upload Checklist is a form in the application to be completed by the Applicant prior to submission to verify that required documents are submitted pursuant to this NOFA?

Overview worksheet

| Threshold Req. | Electronic File Name | Document Description | Uploaded to HCD? |
|---------------------------------|-----------------------------------|---|------------------|
| Yes | HK Round 3 Application | Completed Application | |
| Primary Applicant (App1) | | | |
| Yes | App1 Cert & Legal | Reference: Certification & Legal Worksheet | |
| Yes | App1 Resolution | Signature required; see Applicant Documents worksheet. | |
| Yes | App1 TIN Form | See Applicant Documents worksheet | |
| Yes | App1 Signature Block | See Applicant Documents worksheet | |
| Co-Applicant 1 (Co-App1) | | | |
| Yes | Co-App1 Cert & Legal | Reference: Certifications & Legal worksheet. | |
| Yes | Co-App1 Resolution | Signature required; see Applicant Documents worksheet. | |
| Yes | Co-App1 OrgDoc1, OrgDoc1, etc.... | See Applicant Documents worksheet | |
| Yes | Co-App1 OrgChart | See Applicant Documents worksheet | |
| Yes | Co-App1 Signature Block | See Applicant Documents worksheet | |
| Yes | Co-App1 Payee Data or TIN | See Applicant Documents worksheet | |
| Yes | Co-App1 Cert of Good Standing | Dated 30 days or less from the Application due date | |
| Yes | Co-App1 Tax-Exempt Status | Evidence of tax-exempt status from IRS and Franchise Tax Board, if applicable | |
| Yes | Co-App1 Article of Org | | |
| Yes | Co-App1 Cert of Amendment | LLC See Applicant Documents worksheet | |
| Yes | Co-App1 Stat of Information | | |
| Yes | Co-App1 Cert of LP | LP See Applicant Documents worksheet | |
| Yes | Co-App1 LP Agreement | | |
| Co-Applicant 2 (Co-App2) | | | |
| Yes | Co-App2 Cert & Legal | Reference: Certifications & Legal worksheet. | |
| Yes | Co-App2 Resolution | Signature required; see Applicant Documents worksheet. | |
| Yes | Co-App2 OrgDoc1, OrgDoc1, etc.... | See Applicant Documents worksheet | |
| Yes | Co-App2 OrgChart | See Applicant Documents worksheet | |
| Yes | Co-App2 Signature Block | See Applicant Documents worksheet | |
| Yes | Co-App2 Payee Data or TIN | See Applicant Documents worksheet | |
| Yes | Co-App2 Cert of Good Standing | Dated 30 days or less from the Application due date | |
| Yes | Co-App2 Tax-Exempt Status | Evidence of tax-exempt status from IRS and Franchise Tax Board, if applicable | |
| Yes | Co-App2 Article of Org | | |
| Yes | Co-App2 Cert of Amendment | LLC See Applicant Documents worksheet | |
| Yes | Co-App2 Stat of Information | | |
| Yes | Co-App2 Cert of LP | LP See Applicant Documents worksheet | |
| Yes | Co-App2 LP Agreement | | |
| Co-Applicant 3 (Co-App3) | | | |
| Yes | Co-App3 Cert & Legal | Reference: Certifications & Legal worksheet. | |
| Yes | Co-App3 Resolution | Signature required; see Applicant Documents worksheet. | |
| Yes | Co-App3 OrgDoc1, OrgDoc1, etc.... | See Applicant Documents worksheet | |
| Yes | Co-App3 OrgChart | See Applicant Documents worksheet | |
| Yes | Co-App3 Signature Block | See Applicant Documents worksheet | |
| Yes | Co-App3 Payee Data or TIN | See Applicant Documents worksheet | |
| Yes | Co-App3 Cert of Good Standing | Dated 30 days or less from the Application due date | |
| Yes | Co-App3 Tax-Exempt Status | Evidence of tax-exempt status from IRS and Franchise Tax Board, if applicable | |
| Yes | Co-App3 Article of Org | | |
| Yes | Co-App3 Cert of Amendment | LLC See Applicant Documents worksheet | |
| Yes | Co-App3 Stat of Information | | |
| Yes | Co-App3 Cert of LP | LP See Applicant Documents worksheet | |
| Yes | Co-App3 LP Agreement | | |
| Co-Applicant 4 (Co-App4) | | | |
| Yes | Co-App4 Cert & Legal | Reference: Certifications & Legal worksheet. | |
| Yes | Co-App4 Resolution | Signature required; see Applicant Documents worksheet. | |
| Yes | Co-App4 OrgDoc1, OrgDoc1, etc.... | See Applicant Documents worksheet | |
| Yes | Co-App4 OrgChart | See Applicant Documents worksheet | |
| Yes | Co-App4 Signature Block | See Applicant Documents worksheet | |
| Yes | Co-App4 Payee Data or TIN | See Applicant Documents worksheet | |
| Yes | Co-App4 Cert of Good Standing | Dated 30 days or less from the Application due date | |
| Yes | Co-App4 Tax-Exempt Status | Evidence of tax-exempt status from IRS and Franchise Tax Board, if applicable | |
| Yes | Co-App4 Article of Org | | |
| Yes | Co-App4 Cert of Amendment | LLC See Applicant Documents worksheet | |
| Yes | Co-App4 Stat of Information | | |
| Yes | Co-App4 Cert of LP | LP See Applicant Documents worksheet | |
| Yes | Co-App4 LP Agreement | | |

Threshold worksheet

| §300 Threshold | | | |
|-----------------------|--|--|--|
| Yes | Non-Discrimination Policy | Provide a non-discrimination policy | |
| Yes | Local Appr, CEQA, and NEPA | Local Approvals, CEQA, and NEPA, as evidenced by the completed and signed Local Jurisdiction and NEPA Responsible Entity Verification worksheet | |
| Yes | Racial & Gender Equity statement | Latest Continuum of Care HMIS demographics data | |
| Yes | Engaging the Target Population statement | Provide a description of how the Applicant has engaged or will engage with the Target Population to inform the design of the project | |

1 Application Upload Checklist

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| | | | |
|--|---|--|---|
| See Document Description | Use Change | For Applicants proposing sites that will require a use change for permanent housing , there should be a commitment and plan to facilitate or expedite those processes, so as to not delay expenditure and occupancy requirements | |
| Yes | Site Control1, Site Control2, etc. | Provide documentation of the type of site control for each site pursuant to UMR §8303 | |
| Yes | Prelim1, Prelim2, etc. | Provide a current preliminary report for each site | |
| Yes | Development Plan | Provide a detailed development plan that supports acquisition of a site, completion of rehabilitation or construction, occupancy, and fund expenditure before all program deadlines, factoring in entitlements, permits, procurement, potential construction delays and supply chain issues, and demonstrates evidence of strong organizational and financial capacity to develop the project. | |
| Yes | Rehab Description | Rehab Project | Narrative description of current condition of structure(s) and overall scope of work. |
| Yes | PNA | Rehab Project | Physical Needs Assessment prepared by a qualified independent third party contractor. |
| See Document Description | Market Study | Master Leasing and Purchase of Affordability Covenants | Provide a recent market study within the past year which conforms to Tax Credit Allocation Committee (TCAC) guidelines, and/or a rent roll, and/or other supporting documentation per §205 of the NOFA. |
| Yes | Env. Report 1 | Rehab & New Construction Project | Environmental Site Assessment Phase I (prepared or updated no earlier than 12 months prior to the application due date). |
| Yes, if rec'd by Phase I | Env. Report 2 | Rehab & New Construction Project | If Environmental Site Assessment Phase I requires a Phase II study, submit a Phase II (prepared or updated no earlier than 12 months prior to the application due date). |
| Yes | Appraisal | Conversion, Acq and/or New Construction | If land costs will be included in the Development Budget, attach an appraisal dated within 60 days of the application submittal date |
| Yes | Relocation Assistance Narrative | Relocation Assistance Narrative for relocation or no relocation | |
| Yes | Housing First Experience | Provide experience administering a Project in accordance with the core components of Housing First | |
| See Document Description | One-for-one Replacement | Submit if the acquired housing or site is to be redeveloped/repositioned as part of the locality's overall goal to address the needs of the Target Population and the community , the Applicant shall provide as part of the application a commitment to ensure one-for-one replacement of units | |
| See Document Description | Housing Site Map | Submit a map indicating the original target housing location and all proposed housing location(s) , if the proposed housing is located within the original target housing location neighborhood | |
| See Document Description | Outside Neighborhood | If replacement housing is proposed outside the target neighborhood , include a justification explaining why it is necessary to locate this replacement housing outside the target neighborhood (i.e., offsite) and how doing so supports and enables the Target Population to maintain housing. | |
| Yes | Perm Hsg Exp | Provide evidence of capacity includes evidence of financial resources, an office and payroll. | |
| §301 Interim Housing Requirements | | | |
| Yes, if project type is Interim Hsg. | Plan to Perm Hsg | Provide a plan to connect participants to Permanent Housing, describing the number and type of Permanent Housing opportunities, how the Project will leverage Supportive Services staff to navigate to Permanent Housing, and the funding plan to make connections to Permanent Housing. | |
| Yes, if project type is Interim Hsg. | Interim Hsg Project Alignment | Provide a description of how the proposed Homekey Interim Hsg. Project aligns with the Local Homelessness Action Plan or a description on how the Applicant's jurisdiction has worked with recipients in the region and Continuum of Care (CoC) to coordinate and align the proposed Homekey project with the Local Homelessness Action Plan goals and strategies. | |
| Yes, if project type is Interim Hsg. | Interim Hsg Collaboration | provide a description how Applicant has worked with HHAP recipients in the region and the Continuum of Care (CoC) to coordinate and align the proposed Homekey Project with the Local Homelessness Action Plan goals and strategies. | |
| Yes, if project type is Interim Hsg. | Local Homelessness Action Plan | Provide a copy of the Eligible Applicant's approved Local Homelessness Action Plan pursuant to HHAP Round 4, which clearly states the need for Interim Housing. | |
| §502 Tenant Selection and Participant Selection | | | |
| Yes | CES Participation and CoC Form | Provide a Coordinated Entry System Participation and Continuum of Care Coordination Form | |
| §504 Relocation | | | |
| Yes | Relocation Plan | Provide a complete relocation plan | |
| §506 Prevailing Wage | | | |
| Yes | Prevailing Wage Certificate | Provide a prevailing wage certification | |
| §507 Environmental Clearances | | | |
| | CEQA (if applicable) | Provide a copy of CEQA Determination Documents | |
| | NEPA Authority to Use Grant Funds (if applicable) | NEPA Authority to Use Grant Funds issued by the Responsible Entity if the project is proposing use of federal funds | |
| §800 Insurance Requirements | | | |
| | Liability Insurance | Proof of General Liability Insurance that meets the requirements in §800(i) | |
| | Automobile Insurance | Proof of Automobile Liability Insurance that meets the requirements in §800(ii) | |
| | Property-Hazard Insurance | Proof of Property Insurance that meets the requirements in §800(v) | |
| Unit Mix worksheet | | | |
| Yes | Utility Allowance | Local housing authority document showing current utility allowance chart, with relevant components circled. | |
| Dev Sources worksheet | | | |
| Yes | EFC1, EFC2, EFC13, etc. | Documentation for the executed funding commitments. See Dev Sources worksheet | |
| Award, Match, and Revenue worksheet | | | |
| See Document Description | Funding Limit Exemption Form | If total Department sources exceed \$35 million, a request for exemption to the per Project funding limit is required. | |
| Yes | | Provide commitment of this non-Homekey operating subsidy that will be used to maintain the ongoing affordability of the Project. | |
| Yes | | Provide commitment of this non-Homekey operating subsidy that will be used to maintain the ongoing affordability of the Project. | |
| Yes | | Provide commitment of this non-Homekey operating subsidy that will be used to maintain the ongoing affordability of the Project. | |
| Yes | | Provide commitment of this non-Homekey operating subsidy that will be used to maintain the ongoing affordability of the Project. | |

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| | | | |
|--|--|--|--|
| Yes | HA Support for Homekey Operating Subsidy | Provide a letter of support from the applicable housing authority confirming the need for an operating award and evidencing why other subsidies, such as Project-based vouchers (PBVs), are not available. The Housing Authority Support for Homekey Operating Subsidy template can be found on the Homekey website. | |
| Yes | Rental Subsidy Program #1 Name | Provide commitment of this non-Homekey rental subsidy that will be used to maintain the ongoing affordability of the Project. | |
| Yes | Rental Subsidy Program #2 Name | Provide commitment of this non-Homekey rental subsidy that will be used to maintain the ongoing affordability of the Project. | |
| Yes | Rental Subsidy Program #3 Name | Provide commitment of this non-Homekey rental subsidy that will be used to maintain the ongoing affordability of the Project. | |
| Yes | Rental Subsidy Program #4 Name | Provide commitment of this non-Homekey rental subsidy that will be used to maintain the ongoing affordability of the Project. | |
| Support Services Plan | | | |
| Yes | Property Management Plan | Submit Property Management Plan and Tenant Selection Policies | |
| Application Scoring Criteria | | | |
| Yes | Commitment letter(s) or MOU(s) | Provide commitment letter(s) or MOU(s) documentation | |
| Yes | Amenities Map | If applicable, provide a radius map with the amenities identified by markers | |
| See Document Description | High Speed Internet | Submit if Project site has high speed Internet service. | |
| Certification & Legal worksheet | | | |
| Yes | Cert & Legal Explanation | Letter of explanation for any "Yes" answers or red shaded items. See Certification & Legal worksheet | |

Applicant Comments

Certification & Legal Disclosure

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On behalf of the entity identified in the signature block below, I certify that:

1. The information, statements and attachments included in this application are, to the best of my knowledge and belief, true and correct.
2. I possess the legal authority to submit this application on behalf of the entity identified in the signature block.
3. The following is a complete disclosure of all identities of interest - of all persons or entities, including affiliates, that will provide goods or services to the Project either (a) in one or more capacity or (b) that qualify as a "Related Party" to any person or entity that will provide goods or services to the Project. "Related Party" is defined in Section 10302 of the California Code of Regulations (CTCAC Regulations):

| | |
|--|--|
| | |
|--|--|

4. As of the date of application, the Project, or the real property on which the Project is proposed (Property) is not party to or the subject of any claim or action at the State or Federal appellate level.

5. I have disclosed and described below any claim or action undertaken which affects or potentially affects the feasibility of the Project.

In addition, I acknowledge that all information in this application and attachments is public, and may be disclosed by the State.

| | | | |
|--------------|--------------------|-----------|------|
| | | | |
| Printed Name | Title of Signatory | Signature | Date |

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) must respond, as must chief financial officers (Treasurers, Chief Financial Officers, or their equivalent).

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> ? | |
| 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? | |
| 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? | |
| 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? | |
| 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? | |

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? | |
| 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? | |
| 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? | |
| 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? | |
| 10. Within the past ten years, has the applicant been convicted of any felony? | |
| 11. Within the past ten years, has the applicant been convicted of any misdemeanor related to the conduct of the applicant's business? | |
| 12. Within the past ten years, has the applicant been convicted of any misdemeanor for any financial or fraud related crime? | |

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

| | | | |
|-------------------|-------------------------------------|--|------------------|
| File Name: | Cert & Legal Explanation | Letter of explanation for any "Yes" answers or red shaded items above. | Uploaded to HCD? |
|-------------------|-------------------------------------|--|------------------|

| | | | |
|--------------|--------------------|-----------|------|
| | | | |
| Printed Name | Title of Signatory | Signature | Date |

Local Jurisdiction and NEPA Responsible Entity Verification (if applicable)

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Applicant: This form is to help inform the readiness of the Project by providing evidence of where the Project is in any required environmental review and land use/entitlement processes.

Submit this form to the agency or department of local government responsible for administration of the items listed. This form may be submitted to more than one agency or department as necessary. **If the NEPA Responsible Entity is not a local government (e.g. State Dept. of Housing and Community Development, USDA RD), also submit a copy of this form to the appropriate NEPA Responsible Entity. If an item is not required, indicate the reason in the box below. Complete both Sections 1 & 2.**

| | |
|--|--|
| Project Applicant: | |
| Applicant Address: | |
| Applicant City: | |
| Project Name: | |
| Project Address/site: | |
| Project City: | |
| Project County: | |
| Assessor Parcel Numbers (APNs): | |

Section 1

Local jurisdiction or NEPA Responsible Entity: The Applicant named above has submitted an application to the State Dept. of Housing and Community Development (the Department) requesting funding for the project named above, under the Homekey program. Projects submitted for program funding are subject to a competitive rating process. Project readiness is a component of that process. Verification of items listed below will be used in evaluating Homekey applications.

| | Applicable for this Project? | Final date of Public Comment Period | Approved Date |
|--|------------------------------|---|----------------------|
| All Environmental Clearances (CEQA and NEPA) necessary to begin construction are either final approved or unnecessary: | CEQA | | |
| | NEPA | | |
| | | | ESA Document Date(s) |
| ESA Phase I | | Phase I shall be dated less than 12 months before application submittal date. | |
| ESA Phase II | | Phase II if recommended or required by Phase I | |

Specify in the box below environmental review type(s) not required and explain why (include documentation, if applicable):

| |
|--|
| |
|--|

Section 2

Note: Any project using Homekey funds for any of the purposes listed in the Homekey NOFA is deemed consistent with "local plan, standard, or requirement, and any applicable coastal plan, local or otherwise," and "allowed as a permitted use, within the zone in which the structure is located, and shall not be subject to a conditional use permit, discretionary permit, or any other discretionary reviews or approvals." (Health and Safety Code 50675.1.3 (i))

| | Required for this Project? | Under Review? | Verified as Complete and date completed |
|--|----------------------------|---------------|---|
| All necessary land use approvals or entitlements necessary prior to issuance of a building permit, including any required discretionary approvals, such as site plan or design review. | | | |

Specify in the box below, items not required and explain why (include documentation, if applicable):

| |
|--|
| |
|--|

Project Applicant has submitted a complete application to the relevant local authorities for land use approval under a nondiscretionary local approval process, where the application has been neither approved or disapproved. A nondiscretionary local approval process is one that includes little or no subjective judgement by the public official and is limited to ensuring that the proposed development meets a set of objective zoning, design review and/or subdivision standards in effect at the time the application is submitted to the local government. A "nondiscretionary local approval process" includes Streamlined Ministerial Approval Processing under to Chapter 366, Statutes of 2017 (SB 35), By-Right Processing for Permanent Supportive Housing under Chapter 753, Statutes of 2018 (AB 2162), housing element law (Government Code Section 65583.2(i)), or other local process that meets the definition of non-discretionary approval process.

Projects located within the boundaries of an incorporated city, the city shall make the necessary determinations, and for Projects located in the unincorporated areas of a county, the county shall make the necessary determinations. The appropriate entity shall sign below. Additional acknowledgements can be included on a separate sheet and attached.

I certify that the information on this form is true and correct to the best of my knowledge.

| | |
|--------------------------------------|--|
| Dated: | |
| Statement completed by: | |
| Signature: | |
| Title: | |
| Agency or Department Name: | |
| Agency or Department Address: | |
| Agency or Department Phone: | |

HCD 2022 Developer Fee Calculator - revised 2/4/21 (complete YELLOW shaded cells)

| | | | | | |
|----------------|-------------|------------------------|----------------|--|--|
| Project Phase: | Origination | Proposed Project Type: | No Tax Credits | | |
| Project Name: | | | | | |

| Project's Developer Fee Summary | HCD Limit | Project Amt. |
|---|-----------|--------------|
| Maximum Total Developer Fee - d. | \$0 | \$0 |
| Max Developer Fee payable from development funding sources - d. | \$0 | \$0 |
| Deferred Developer Fee payable on a priority basis from available Cash Flow | \$0 | \$0 |
| Deferred Developer Fee payable exclusively from Sponsor Distributions | \$0 | \$0 |

| | | | |
|--|-----|------------------------|--|
| Total Budgeted or Actual Developer Fee | \$0 | | |
| Developer Fee Contributed as Capital | | Deferred Developer Fee | |

UMR §8312(a) for Projects without tax credits (choose only one in the 'a', 'b' or 'c' subsections)

a. New construction and substantial rehab projects UMR §8312(a)(1)

substantial rehab = construction cost for rehab work (excluding contractor profit and overhead) in excess of \$38,000 per unit

| | | | |
|--|---------------|-----|-----|
| a1 Number of units (include manager's unit) | 0 | | |
| a2 First 30 units at: | \$30,000 each | \$0 | |
| a3 Units in excess of 30 at: | \$11,500 each | \$0 | |
| a4 Total new construction and substantial rehab (a2 + a3) | | | \$0 |

b. Acquisition and rehab projects UMR §8312(a)(2)

with construction cost for rehab work (excluding contractor profit and overhead) between \$11,500 - \$38,000 per unit

| | | | |
|---|---------------|-----|-----|
| b1 Number of units (include manager's unit) | 0 | | |
| b2 First 30 units at: | \$14,000 each | \$0 | |
| b3 Units in excess of 30 at: | \$6,500 each | \$0 | |
| b4 Total acquisition and non-substantial rehab (b2 + b3) | | | \$0 |

c. All other projects UMR §8312(a)(3)

| | | | |
|--|------------------|--|-----|
| c1 Number of units (include manager's unit) | 0 | | |
| c2 Total other at: | \$2,000 per unit | | \$0 |

| | | | |
|--|--|--|-----|
| d. Maximum allowable Developer Fee (a4 + b4 + c2) | | | \$0 |
|--|--|--|-----|

Calculation Worksheet

Rev 4/23/2023

Project Name: _____ **Number of Project Units:** **0**

Operating Reserve Calculator UMR §8308

| | | | | | |
|--|---|----------------------------|--|---|----------------|
| Total Operating Expenses Excluding On-Site Service Coordinator Salaries. | | | | TAX CREDIT | NON-TAX CREDIT |
| (1) | (a) Total Operating Expenses: | \$0 | Amount subject to reserve calculation: (a - b) | \$0 | \$0 |
| | (b) Minus: On-Site Service Coordinator Salaries: | \$0 | | | |
| (2) | Replacement Reserve amount from cell AI27 below: | | | \$0 | \$0 |
| Debt Service | | | | | |
| | Name of Lender Operating worksheet cells (D134 to D140) | Annual Debt Service Amount | TAX CREDIT Project 3 Month Reserve Required | NON-TAX CREDIT Project 4 Month Reserve Required | |
| | 1st Mortgage Debt Service | \$0 | \$0 | \$0 | |
| | 2nd Mortgage Debt Service | \$0 | \$0 | \$0 | |
| | 3rd Mortgage Debt Service | \$0 | \$0 | \$0 | |
| | Misc. Financial Expenses: (specify) | \$0 | \$0 | \$0 | |
| | Misc. Financial Expenses: (specify) | \$0 | \$0 | \$0 | |
| | Misc. Financial Expenses: (specify) | \$0 | \$0 | \$0 | |
| | Misc. Financial Expenses: (specify) | \$0 | \$0 | \$0 | |
| | Other (Specify) | \$0 | \$0 | \$0 | |
| | Totals | \$0 | \$0 | \$0 | |
| UMR Required Operating Reserve Amount: | | | | \$0 | \$0 |

If reserve amounts are different than the required amount, enter reserve amounts and how they are calculated below:

Replacement Reserve Calculator UMR §8309

| | | | |
|-----|--|-------|-----|
| (a) | 0.6% of New construction costs (structures excluding contractor profit, overhead, and general requirements and insurance): | \$0 | \$0 |
| | \$500 per unit: (This is a placeholder for rehab projects and may be subject to higher amount) | \$500 | \$0 |
| (b) | Replacement Reserve Amount = New construction: lesser of (a) and (b); Rehab: (b) | | \$0 |
| | HCD Required Replacement Reserve Amount - included in Operating' worksheet cell D123 | | \$0 |

Construction Hard Cost Contingency Calculator UMR §8310

| | | | |
|-----|--|-----|-------|
| (j) | Where the Department is providing construction-period financing, the minimum budgeted construction contingency must be 5 percent of construction costs for new construction projects and 10 percent of construction costs for rehabilitation and conversion projects. | | |
| | Offsite Improvements - from Dev Budget worksheet cell M12 | \$0 | 0.00% |
| | Site Work - from Dev Budget worksheet cell M19 or M33 | \$0 | |
| | Structures - from Dev Budget worksheet cell M20 or M34 | \$0 | |
| | General Requirements - from Dev Budget worksheet cell M21 or M35 | \$0 | |
| | Contractor Overhead - from Dev Budget worksheet cell M22 or M36 | \$0 | |
| | Contractor Profit - from Dev Budget worksheet cell M23 or M37 | \$0 | |
| | Hard Cost Contingency - from Dev Budget worksheet cell M95 | \$0 | |

If the development is **new construction or new construction & acq./rehab.**, the hard cost contingency must be between 5% and 10% (see cell AE31 above)

If the development is **rehab., acq/rehab., or conversion**, the hard cost contingency must be between 10% - 15% (see cell AE31 above)

Comments

Builder Overhead, Profit, and General Requirements Calculator UMR §8311

(c) Builder overhead, profit and general requirements shall be limited in accordance with **California Code of Regulations, Title 4, Section 10327**, which states, "An overall cost limitation of **fourteen percent (14%)** of the cost of construction shall apply to builder overhead, profit, and general requirements, excluding builder's general liability insurance."

| | | | |
|--|--|-----|-------|
| | Site Work - from Dev Budget worksheet cell M19 or M33 | \$0 | 0.00% |
| | Structures - from Dev Budget worksheet cell M20 or M34 | \$0 | |
| | General Requirements - from Dev Budget worksheet cell M21 or M35 | \$0 | |
| | Contractor Overhead - from Dev Budget worksheet cell M22 or M36 | \$0 | |
| | Contractor Profit - from Dev Budget worksheet cell M23 or M37 | \$0 | |
| | *Prevailing Wage - from Dev Budget worksheet cell M24 or M38 | \$0 | |
| | General Liability Insurance - from Dev Budget worksheet cell M25 or M39 | \$0 | |
| | Demolition - from Dev Budget worksheet cell M7 | \$0 | 0.00% |
| | Offsite Improvements - from Dev Budget worksheet cell M12 | \$0 | |

Comments

Supportive Services Costs - 2017 Uniform Multifamily Regulation (UMR) Limits

UMR §8301(t): "Supportive Services" - social, health, educational, income support and employment services and benefits, coordination of community building and educational activities, individualized needs assessment, and individualized assistance with obtaining services and benefits.

UMR §8301(u): "Supportive Services Costs" - the costs of providing tenants service coordination, case management, and direct resident and Supportive Services. It includes: (1) the cost of providing tenants with information on and referral to social, health, educational, income support and employment services and benefits, coordination of community building and educational activities, individualized needs assessment, and individualized assistance with obtaining services and benefits; (2) salaries, benefits, contracted services, telecommunication expenses, travel costs, supplies, office expenses, staff training, maintenance of on-site equipment used in services programs, such as computer labs, incidental costs related to resident events, and other similar costs approved by the Department.

| | | | | | | | |
|--------------------------------------|---------------------|----------|---|--|--------------------|-------------------------|------------------|
| A. Supportive Services Units: | Total number units: | 0 | Certification Year - select budget reporting period year: | | Total Units | Max PUPY Expense | Max Costs |
|--------------------------------------|---------------------|----------|---|--|--------------------|-------------------------|------------------|

| | | | | |
|-----|--|----------|--|------------|
| (1) | UMR §8314(e)(1): Total number of Supportive Housing (SH) units anticipated to be restricted to individuals or families experiencing chronic homelessness as defined consistent with Health and Safety Code (HSC) §50675.14. | | | |
| (2) | UMR §8314(e)(2): Total number of Supportive Housing (SH) units (other than those restricted to individuals or families experiencing chronic homelessness pursuant to HSC §50675.14), PLUS the total number of units restricted to occupancy by Special Needs Populations (SNP)* under any HCD program. (*click here for definition - §7301(s) of the MHP Final Guidelines). Do not include units included in (1) above. | | | |
| (3) | UMR §8314(e)(3): Total number of units where the Sponsor, their affiliate, or a service provider under contract to provide Supportive Services at the Project has both: (A) qualified staff devoted exclusively to oversight and quality control of resident services in affordable housing, including the Project; and (B) a system to track and report on tenant outcomes, such as changes in employment status and income. Do not include units included in items (1) and (2) | | | |
| (4) | UMR §8314(e)(4): Total number of units anticipated to be offered Supportive Services provided by the Project Sponsor, a Sponsor affiliate, or contracted service provider that do not satisfy the criteria in items (1), (2) and (3) | | | |
| (5) | Maximum Supportive Services Costs | 0 | | \$0 |

Applicant Documents

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Certifications & Legal Disclosure

A completed and signed Certification is required for each Joint Applicant. Each Joint Applicant must sign an individual Certification form. A completed and signed Legal Disclosure is also required for each Joint Applicant. The hard copy Certifications & Legal Disclosure should be submitted with the application as detailed in the NOFA.

Resolutions

Applicant may use their own Resolution format as long as it contains ALL of the authorizations as in the sample.

The person attesting to the resolution signing cannot be the same person authorized to execute the documents in the name of the applicant.

If more than one authorized signatory is identified, state whether both signatories are required or only one signatory is required to submit and execute Program docs.

If the application is being signed by a designee of the authorized signatory, the applicant must also submit a designee letter or other proof of signing authority.

A resolution is required of each Joint Applicant - both private and public entities. A sample resolution template is available on the [Homekey website](#).

Organizational Documents

Organizational documents are required for all Applicants except Governmental entities are not required.

Submit organizational documents supporting the Resolution submitted with the application.

Corporation organizational documents

Articles of Incorporation (Corp. Code §154, 200 and 202) as certified by the CA Secretary of State.

Bylaws and any amendments thereto (Corp. Code §207(b), 211 and 212)

Certificate of Amendment of Articles of Incorporation (Corp. Code §900-910 (general stock), §5810-5820 (public benefit and religious corporations), §7810-7820 (mutual benefit corporations), or §12500-12510 (general cooperative corporations)) as applicable.

Restated Articles of Incorporation (Corp. Code §901, 906, 910 (general stock), §5811, 5815, 5819 (public benefit and religious corporations), §7811, 7815 and 7819 (mutual benefit corporations) and §12501, 12506 and 12510 (general cooperative corporations)) as applicable.

Statement of Information (CA Secretary of State form SI-100 or SI-200)

Shareholder Agreements (Corp. Code §186) if applicable.

Certificate of Good Standing certified by Secretary of State.

Limited Liability Company

Articles of Organization (CA Secretary of State form LLC-1)

Certificate of Amendment (CA Secretary of State form LLC-2) if applicable

Restated Articles of Organization (CA Secretary of State form LLC-10) if applicable

Certificate of Correction (CA Secretary of State form LLC-11) if applicable

Statement of Information (CA Secretary of State form LLC-12 or LLC-12NC)

Operating Agreement (Corp. Code §17707.02(s) and 17701.10)

Certificate of Good Standing certified by Secretary of State

Limited Partnership

Certificate of Limited Partnership (CA Secretary of State form LP-1)

Amendment to Certificate of Limited Partnership (CA Secretary of State form LP-2) if applicable.

Certificate of Correction (CA Secretary of State form LP-2) if applicable.

Limited Partnership Agreement (CA Corp. Code §15901.02(x) and 15901.10)

Certificate of Good Standing certified by Secretary of State.

[Any other CA Secretary of State filings applicable to revivals, conversions or mergers.](#)

Organizational Chart

The Organizational chart must depict the organizational structure of the entities in relation to the applicant.

Signature Block

All Applicants must submit a Signature Block in a Microsoft Word Document that will be used in the HCD legal documents such as the Standard Agreement.

Payee Data Record STD-204 or Taxpayer Identification Number (TIN)

The TIN must be submitted by all governmental entity Applicants. All other Applicants must submit the STD-204 Payee Data Record. Available on the [Homekey website](#).

Application Development Team (ADT) Support Form

Rev 4/23/2023

Complete the "yellow" cells in the form below for application related issues and email a copy to: homekey.help@hcd.ca.gov

| Name: | | | | | | Email: | | | |
|---------|----------------|-----|--------|----------------|---------|------------|-------------|--|--|
| | | | | | | | | | |
| Issue # | Program Name & | Tab | Cell # | Update/Comment | Urgency | ADT Status | Status Date | | |
| 1 | Homekey | | | | | | | | |
| 2 | Homekey | | | | | | | | |
| 3 | Homekey | | | | | | | | |
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| 22 | Homekey | | | | | | | | |

Application Development Team (ADT) Support Form

Rev 4/23/2023

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| Name: | | | | | | Email: | | | |
|---------|----------------|-----|--------|----------------|---------|------------|-------------|--|--|
| Issue # | Program Name & | Tab | Cell # | Update/Comment | Urgency | ADT Status | Status Date | | |
| 23 | Homekey | | | | | | | | |
| 24 | Homekey | | | | | | | | |
| 25 | Homekey | | | | | | | | |
| 26 | Homekey | | | | | | | | |
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| 42 | Homekey | | | | | | | | |
| 43 | Homekey | | | | | | | | |
| 44 | Homekey | | | | | | | | |

Application Development Team (ADT) Support Form

Rev 4/23/2023

Complete the "yellow" cells in the form below for application related issues and email a copy to: homekey.help@hcd.ca.gov

| Name: | | | | | | Email: | | |
|---------|----------------|-----|--------|----------------|---------|------------|-------------|--|
| Issue # | Program Name & | Tab | Cell # | Update/Comment | Urgency | ADT Status | Status Date | |
| 45 | Homekey | | | | | | | |
| 46 | Homekey | | | | | | | |
| 47 | Homekey | | | | | | | |
| 48 | Homekey | | | | | | | |
| 49 | Homekey | | | | | | | |
| 50 | Homekey | | | | | | | |