

Rhode Island Housing

Special Needs Rental Production Program (SNRP) Application

Submitted By:

Name of Developer:

Name of Supportive Services Provider:

Date of Submission:

Application Table of Contents

Applicant and Project Information

Proformas

- Rent Worksheet
- Operating Budget
- Development Sources
- Development Uses

Application Checklist

Reference Material

- RI 40% Income Limits and Utility Allowances
- Rhode Island Housing Special Needs Rental Production Program Rules and Regulations

Please submit application (original and 1 copy) to Paula Coleman, Rhode Island Housing, 44 Washington Street, Providence, RI 02903.

**Rhode Island Housing
Special Needs Rental Production Program**

Name of Applicant:

Contact Person:

Address:

City/Town/State/Zip Code:

Phone:

Fax:

e-mail address:

Tax ID #:

Name of Supportive Services Provider (if different from above):

Contact Person:

Address:

City/Town/State/Zip Code:

Phone:

Fax:

e-mail address:

Proposal Information

Name of Proposed Development:

Address of Proposed Development:

Amount of SNRP Funds Requested: \$

Activity involves: Acquisition Rehabilitation New construction
Relocation

If existing building, # of current units: # of proposed units:

Projected construction/rehabilitation start date:

I verify that the information in this application is true and correct. I understand that false statements herein are subject to the penalties of Rhode Island Law relating to unsworn falsification to authorities.

Signature: _____ Date:

Print Name and Title:

Please attach Board of Directors resolution authorizing submission of application for SNRP funds.

All Applicants Must Complete this Page

1. Implementation schedule for development. Indicate estimated date of each activity:

Commitment of all funding:

Date of Acquisition:

Completion of design/engineering:

Start of construction:

Construction completion:

Delivery of Completion Report to Corporation:

Full occupancy:

2. The minimum Affordability Period is thirty (30 years). If you propose extending Affordability beyond thirty (30) years please indicate the entire length of the Affordability Period for this project: _____ years.
3. Write a concise narrative description of your proposal describing:
- a) The supportive services program (a copy of the services plan must accompany your application).
 - b) Current ownership, condition and zoning status of property(ies)
 - c) Current occupancy of property(ies)
 - d) Location and impact on surrounding neighborhood. Please note if the location is in a neighborhood revitalization strategy area.
 - e) Construction estimate.
4. Describe the staff and/or development team (include architects, engineers, consultants, property manager, etc.) that will work on this project. Include their qualifications and experience.
5. Provide a list of previously completed and currently underway housing projects.

Please use separate pages for Items #3 through #5, and limit response to two pages.

If more than one property, copy and complete this page for each assisted property.

1. Property Address:

1a. Number and Size of Units:

# of Units	# of Bedrooms
	0
	1
	2
	3
	4

2. PLAT #:

LOT #:

Census Tract:

3. Have you obtained approvals for the following?

Zoning	yes <input type="checkbox"/>	no <input type="checkbox"/>	Not needed <input type="checkbox"/>	Not yet determined <input type="checkbox"/>
Wetlands	yes <input type="checkbox"/>	no <input type="checkbox"/>	Not needed <input type="checkbox"/>	Not yet determined <input type="checkbox"/>
Flood plain	yes <input type="checkbox"/>	no <input type="checkbox"/>	Not needed <input type="checkbox"/>	Not yet determined <input type="checkbox"/>
Historic preservation	yes <input type="checkbox"/>	no <input type="checkbox"/>	Not needed <input type="checkbox"/>	Not yet determined <input type="checkbox"/>

If yes, attach copies of approval letters

If not yet determined, when do you expect to have them?

4. Status of Site Control.

Already owned

Property in RIH land bank

*P & S Agreement/Option

Leasing the property

No site control

***Attach copy of P & S Agreement/Option**

5. Contract Sales Price: \$

6. Name and Address of current owner:

7. Current appraised value \$ (if available)

Date of appraisal:

8. Target Population:
- Disabled
 - Homeless
 - At-Risk of Homelessness
 - Very low-income (not exceeding 40% ami)
 - Other special needs
- Describe:

8. Relocation

Does project involve relocation of tenants? Yes No

If yes, calculate relocation costs at \$9,000/household on your Development Proforma (Uses)

If yes, you must submit a relocation plan with your application.

Remember to complete the following Microsoft Excel Spreadsheets.

1. Rent Worksheet
2. Operating Pro-forma
3. Development Pro-forma – Sources
4. Development Pro-forma – Uses

Spreadsheets must be submitted on paper as part of your application and may also be emailed to pcoleman@rihousing.com.

Application Checklist

Remember to:

- Sign and date your application
- Include Board Resolution authorizing submission

Attach:

Supportive Services Plan

Legal description of the property

Letters of funding commitment

Evidence of site control

Current appraisal (if available)

Evidence of zoning approval

Site location map (show the location and the surrounding area)

Photographs of property

Detailed construction estimates prepared by qualified professionals.

Tenant selection policy

Relocation Plan