



POLK COUNTY
**HOUSING
TRUST FUND**

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**POLK COUNTY HOUSING TRUST FUND
FY2011/12 NOTICE OF FUNDING AVAILABILITY (NOFA)**

**OWNER-OCCUPIED HOUSING REPAIR
AND REHABILITATION (OOR)**

Applications are due: October 3, 2011 by 3:00 p.m.

Notice of Approval/Denial: November 4, 2011

Late applications will not be considered for funding.

Submit **one** (1) original and one electronic copy of the application to the PCHTF Offices.

The following must be submitted to be considered for funding:

- Amount Requested
- Number of units \leq 30% Median Family Income, number of units 31- \leq 50% MFI and total number of units above 50% MFI (See attached table)
- Provide Project Sources/Uses information (See attached tables)

Funding Restrictions:

- The maximum amount that PCHTF will fund any entity for any project is **\$175,000**.
- The maximum per unit within a project is \$6,250, except for Lead Base Paint Programs or Home Modifications for Elderly & Disabled Program through I-JOBS.
- Applicants requesting funds may not reapply until PCHTF has reimbursed at least 50% of the applicant's current and open OOR grants.
- Grants require 1:1 Matching funds.

Grant funds may be used for:

- Extraordinary Repairs: Repair of one or more of the major building systems: electrical, mechanical, plumbing and structural (including but not limited to roof, girders, foundation).
- Preventative Repairs: Rehabilitation or repair that will delay or prevent major replacement.
- Deferred Repairs: Repairs that have been delayed to address other priority concerns.

Grant funds may NOT be used for:

- Repairs to mobile homes
- Housecleaning or chore projects
- Homes with assessed values greater than \$165,000 for the current year (Residential Assessment Statistics Polk County Year 2010- Average assessed value \$164,181)
- Homes outside of Polk County

Funding is granted based on the recommendation of the Development Review Committee and final approval by the Board of Directors. Approved funding may be less than the amount requested by the Applicant.

Funds are provided on a reimbursement basis. The following information is required before funds are released:

- household name/composition
- demographic information (e.g., ethnicity, disability status, age, etc.),
- address/property tax status
- household income
- assessed property value
- type of repairs completed
- sources of other funds used to repair/rehabilitate the home

**POLK COUNTY HOUSING TRUST FUND
FY2011 APPLICATION FOR OWNER-OCCUPIED
HOUSING REPAIR AND REHABILITATION**

1. APPLICANT INFORMATION

DATE: _____

PROJECT NAME:

NAME OF APPLICANT ORGANIZATION:

ADDRESS:

NAME OF CONTACT PERSON:

TITLE:

TELEPHONE: _____ FAX: _____

E-MAIL ADDRESS: _____ FEDERAL TAX ID # _____

2. AMOUNT OF SUBSIDY REQUESTED FROM Polk County Housing Trust Fund:

Amount of Subsidy Requested: \$ _____

3. Indicate the allocation of units of the project across the MFI range.

	# of Units	% of Total
≤ 30 % MFI		
31% - 50% MFI		
51% - 80% MFI		
Total:		

4. Summarize all funding sources in the following table and indicate their commitment status.

FUNDING SOURCE:	AMOUNT	COMMITTED Y/N	DATE COMMITTED	% OF TOTAL SOURCES	NOTES
PCHTF					
TOTAL:					

USES	TOTAL COST	PCHTF	OTHER SOURCES	GRANT/CASH IN-KIND	NOTES
Repair / rehabilitation					
Contingency					
SUBTOTAL:					
Direct Admin					
Indirect Admin					
TOTAL:					

5. APPLICANT CERTIFICATION:

Applicant hereby certifies with respect to this application and the project for which Polk County Housing Trust Fund assistance is requested as follows:

- All information and representations contained in this application and the attachments hereto are true and accurate.
- Applicant will comply with all applicable federal, state and local laws and regulations in completing and operating the project, including, without limitation, local zoning laws and zoning codes and Fair Housing Laws.
- Applicant certifies that the funds requested will be used by the applicant only for eligible costs associated with the project.
- Applicant has the ability and capacity to implement the project and has duly committed its own funds to the project as described in the application.

- No project costs for which Polk County Housing Trust Fund assistance is requested have been incurred by the applicant to the date hereof (outside of costs associated with project feasibility), or will be incurred by Applicant prior to Polk County Housing Trust Fund approval of the project.
- Applicant (if other than a political subdivision or governmental agency) hereby gives permission to Polk County Housing Trust Fund to research applicant's history, make credit checks, contact applicant's financial institution, and perform other related activities necessary for the reasonable evaluation of this application.
- Applicant certifies that they understand that the NOFA and all of its requirements and this application will be incorporated into the Grant Agreement if approved for funding.
- Applicant understands that information submitted to Polk County Housing Trust Fund relating to this application may be public information.

OOR Applicant (Please Print)

Signature of Authorized Representative

Print Name and Title of Authorized Representative

Date

Updated 9/2003; 9/2006; 10/2008; 10/2009; 12/2010; 7/2011