



POLK COUNTY
**HOUSING
TRUST FUND**

Basic Needs | Powerful Solutions

POLK COUNTY HOUSING TRUST FUND FY2018 NOTICE OF FUNDING AVAILABILITY (NOFA)

OWNER-OCCUPIED HOUSING REPAIR AND REHABILITATION (OOR)

Applications are due: November 9, 2018 by 3:00 p.m.

Notice of Approval/Denial: December 1, 2018

Late applications will not be considered for funding.

An electronic copy of the application and any exhibits to Lori Kauzlarich at lkauzlarich@pchtf.org

The following must be submitted to be considered for funding:

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

Funding Restrictions:

- The maximum per unit within a project is \$6,250; Lead Base Paint Programs \$10,000.
- Applicants requesting funds may not reapply until PCHTF has reimbursed at least 50% of the applicant's current and open OOR grants.
- Developer's overhead costs cannot exceed 15% of the grant award.
- Grants require 1:1 Matching funds except for HHDSM properties.

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 addressing other priority concerns.

Grant funds may NOT be used for:

- Housecleaning or chore projects
- Homes with assessed values greater than **\$183,000** for the current year
- 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. (Note: OOR awards are usually funded with State Housing Trust Fund Dollars. Please allow additional processing time for reimbursement.) 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
FY2019 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: _____ **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 AMI range.

	# of Units	% of Total
≤ 30% AMI		
31% - 50% AMI		
51% - 80% AMI		
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
PCHTF				
Other				
Other				
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.*
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APPLICANT: _____

Authorized Signature

Date

Printed Name: _____

Title: _____

2018 HUD % Median Income for Polk County (Issued April 2018)

Household Size	30%	50%	HOME 2018 60%	80%	100%
1	\$16,750	\$27,900	\$33,480	\$44,600	\$55,720
2	19,150	31,850	38,220	51,000	63,680
3	21,550	35,850	43,020	57,350	71,640
4	25,100	39,800	47,760	63,700	79,600
5	29,420	43,000	51,600	68,800	85,968
6	33,740	46,200	55,440	73,900	92,336
7	38,060	49,400	59,280	79,000	98,704
8	42,380	52,550	63,060	84,100	105,072