

# Madison County HOME Program

Funding Application

Homeownership or Rental Activities  
-New Construction and Rehabilitation-

MADISON COUNTY GOVERNMENT  
COMMUNITY DEVELOPMENT DEPARTMENT  
130 HILLSBORO AVE.  
EDWARDSVILLE, IL 62025



**Madison County HOME Program  
Homeownership or Rental Activities  
New Construction and Rehabilitation  
APPLICATION GUIDELINES**

**Before You Begin**

This packet contains information necessary to apply for the Madison County HOME Program. Before completing this application you should become familiar with the Madison County HOME Program Guidelines and appropriate federal regulations associated with funding. The Program Guidelines are included in your application packet. Please contact Sam Borders, Planner, Madison County Community Development (MCCD) at (618) 296-4391, if you have any questions regarding this application process.

**Submission & Process**

Applications are accepted on an on going basis, as long as funding is available. The Madison County Community Development Department will handle review and underwriting of the proposal before presenting to the Madison County Grants Committee for consideration. MCCD staff will evaluate the application for consistency with its Consolidated Plan and funding priorities, eligibility, completeness, quality, impact, feasibility and long term viability. During the review process the applicant may be requested to submit additional information or answer questions pertaining to the proposal. The applicant may also be requested to attend the Madison County Grants Committee meeting for a presentation of the proposed project. Incomplete, ineligible or proposals failing to meet the evaluation standards will not be forwarded by MCCD staff for consideration by the Madison County Board Grants Committee.

If the proposal is approved by the Madison County Grants Committee the proposal will go to the full Madison County Board for final approval. Applicant will be notified of the final full board decision after the board meeting.

## **Application Checklist**

Please submit one (1) original application package, including:

### **Section A**

- A resolution or other acceptable documentation designating the authorized signatory for the application submission. (required for non-profit or public entities)**
  
- For applicant:**
  - a) **If non-profit:**
    - 1) **Copy of IRS 501(c) determination and Date of Incorporation, and**
    - 2) **Most recent Annual Report and/or audited financial statements. (Certified financial statements may be substituted for the audited financial statements)**
  
  - b) **If for-profit:**
    - 1) **Date of Incorporation, and**
    - 2) **Most recent Audit/financial statements, and**
    - 2) **List of officers and directors of corporation or partnership.**
  
  - c) **If proprietorship:** 1) **Personal financial statement (one copy for confidential internal review).**
  
- General Release Form**

### **Section B - Application Package Sections:**

- 1. Applicant Information**
- 2. Applicant History**
- 3. Proposal Basics**
- 4. Project Basics**
- 5. Narratives**
- 6. Partner Information**
- 7. Applicant, Architect & Contractor Experience**
- 8. Other Required Information**
  - 8.1 Budget**
  - 8.2 Sources & Uses/Funding Commitments**
  - 8.3 Environmental Questionnaire**
  - 8.4 Maps & Photos**
  - 8.5 Other**
  - 8.6 Letters of Support**
  - 8.7 Certifications**
  - 8.8 Market Study**



**MADISON COUNTY COMMUNITY DEVELOPMENT**

*Madison County HOME Program  
Activity Application  
New Construction and Rehab*

|  |
|--|
| <p><u>MCCD Use Only:</u><br/>         Application #: _____<br/>         Grant #: _____</p> |
|--|

| <b>SECTION 1: APPLICANT INFORMATION</b> |   |  |                                     |                                      |  |                                     |  |  |   |                                |
|---|---|--|-------------------------------------|--------------------------------------|--|-------------------------------------|--|--|---|--------------------------------|
| <b>1.1</b>                              | <b>Legal Name of Applicant:</b><br><i>(Attach copy of W-9)</i>  |  |                                     |                                      |  |                                     |  |  |   |                                |
| <b>1.2</b>                              | <b>Address of Applicant:</b><br><i>(Include your extended 9-digit zip code):</i>  |  |                                     |                                      |  |                                     |  |  |   |                                |
| <b>1.3</b>                              | <b>Chief Officer:</b><br><i>(If more than one, attach a list with all Officers)</i><br>Name:<br>Title:<br>Address:<br>Phone:<br>Fax:<br>E-Mail:   |  |                                     |                                      |  |                                     |  |  |   |                                |
| <b>1.4</b>                              | <b>Description of Applicant:</b><br><i>(200 Character maximum)</i><br><table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td><b>Type of Applicant</b></td> <td>Non-profit <input type="checkbox"/></td> <td>Corporation <input type="checkbox"/></td> </tr> <tr> <td></td> <td>For-profit <input type="checkbox"/></td> <td>Sole Proprietorship <input type="checkbox"/></td> </tr> <tr> <td></td> <td>Local Government <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> </table> | <b>Type of Applicant</b>                     | Non-profit <input type="checkbox"/> | Corporation <input type="checkbox"/> |  | For-profit <input type="checkbox"/> | Sole Proprietorship <input type="checkbox"/> |  | Local Government <input type="checkbox"/> | Other <input type="checkbox"/> |
| <b>Type of Applicant</b>                | Non-profit <input type="checkbox"/>   | Corporation <input type="checkbox"/>         |                                     |                                      |  |                                     |  |  |   |                                |
|   | For-profit <input type="checkbox"/>   | Sole Proprietorship <input type="checkbox"/> |                                     |                                      |  |                                     |  |  |   |                                |
|   | Local Government <input type="checkbox"/>   | Other <input type="checkbox"/>               |                                     |                                      |  |                                     |  |  |   |                                |
| <b>1.5</b>                              | <b>NAICS Code:</b> _____<br><i>(6-digit Industry Classification Code)</i>   |  |                                     |                                      |  |                                     |  |  |   |                                |
| <b>1.6</b>                              | <b>Applicant Website:</b> _____   |  |                                     |                                      |  |                                     |  |  |   |                                |
| <b>1.7</b>                              | <b>Applicant FEIN:</b> _____  |  |                                     |                                      |  |                                     |  |  |   |                                |
| <b>1.8</b>                              | <b>Applicant SSN:</b> _____   |  |                                     |                                      |  |                                     |  |  |   |                                |
| <b>1.9</b>                              | <b>Applicant's DUNS Number:</b> _____   |  |                                     |                                      |  |                                     |  |  |   |                                |
| <b>1.10</b>                             | <b>Applicant Fiscal Year:</b> From: _____ To: _____   |  |                                     |                                      |  |                                     |  |  |   |                                |
| <b>1.11</b>                             | If applicable, indicate the following. <input type="checkbox"/> Women-Owned <input type="checkbox"/> Minority-Owned<br>If minority-owned, then check the appropriate race/ethnic group box.<br>Black / African Americans <input type="checkbox"/><br>Hispanic Americans <input type="checkbox"/><br>Native Americans <input type="checkbox"/><br>Asian-Pacific Americans <input type="checkbox"/><br>Asian-Indian Americans <input type="checkbox"/>  |  |                                     |                                      |  |                                     |  |  |   |                                |

## SECTION 2: APPLICANT HISTORY

|            |   |   |
|------------|---|---|
| <b>2.1</b> | Have you received funding from Madison County within the last 3-years?  | <input type="checkbox"/> Yes <input type="checkbox"/> No                        |
|            | Provide total number project funding by Madison County within the last 3 years.   |   |
|            | If yes, provide the following for each project funded in last 3 years:  | Agency:<br>Project Name:<br>Amount:<br>Term:<br>General Description:<br>Issues: |
| <b>2.2</b> | If applicable, list all Names and FEINs that are registered to your organization or have been registered during the past 3 years.   |   |
|            | <b>Name</b>   | <b>FEIN</b>   |
|            |   |   |
|            |   |   |
|            |   |   |
| <b>2.3</b> | In the past twelve months, have there been any changes in the following key staff? Check all that apply. Provide detail for any boxes checked including names of the person who left the position and the name of their replacement. Indicate the number of months the position has been vacant if the position is currently vacant.  |   |
|            | <input type="checkbox"/> CEO/Executive Director/Chief Elected Official<br><input type="checkbox"/> CFO/Controller<br><input type="checkbox"/> Project Administrator<br><input type="checkbox"/> Project Administrative Support Staff ( <i>i.e. Reporting, correspondence, document control</i> )<br><input type="checkbox"/> Bookkeeper/Accountant<br><input type="checkbox"/> No Changes |   |
|            | Provide detail for any checked boxes:   |   |
| <b>2.4</b> | Has the applicant or any principal formed a business that existed for less than two years?  | <input type="checkbox"/> Yes <input type="checkbox"/> No                        |
|            | If yes, provide name(s) of the business and reason(s) that it existed for less than two years.  |   |
| <b>2.5</b> | Has the applicant or any principal experienced foreclosure, repossession, civil judgment or criminal penalty (or been a party to a consent decree) within the past seven years?   | <input type="checkbox"/> Yes <input type="checkbox"/> No                        |
|            | If yes, identify the nature (including case number and venue) of the action and the disposition. If the action/proceeding is still pending or unresolved, provide a status identifying the unresolved issues.   |   |
| <b>2.6</b> | Is the applicant or any principal the subject of any proceedings that are pending, or to the best of applicant's knowledge, threatened against applicant and/or any principal that may result in any adverse change in applicant's financial condition or materially and adversely affect applicant's operations?   | <input type="checkbox"/> Yes <input type="checkbox"/> No                        |
|            | If yes, provide requested information.  |   |
| <b>2.7</b> | Does the applicant or any principal owe any debt to the Federal Government or Madison County?   | <input type="checkbox"/> Yes <input type="checkbox"/> No                        |
|            | If yes, list reason and amount:   |   |

## SECTION 3: PROPOSAL BASICS

|             |   |  |   |                      |                    |
|-------------|---|--|---|----------------------|--------------------|
| <b>3.1</b>  | <b>Submittal Date:</b>  |  |   |                      |                    |
| <b>3.2</b>  | <b>Project Title:</b>   |  |   |                      |                    |
| <b>3.3</b>  | <b>Brief Project Description:</b><br><i>(550 Character maximum)</i> |  |   |                      |                    |
| <b>3.4</b>  | <b>Project Location:</b>  | Street<br>Address:<br>City:<br>Zip:  | County:   |                      |                    |
| <b>3.5</b>  | <b>Areas Served:</b>  |  |   |                      |                    |
| <b>3.6</b>  | <b>CHDO Eligible:</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <b>Capacity:</b> <input type="checkbox"/> Owner <input type="checkbox"/> Developer <input type="checkbox"/> Sponsor                   |                      |                    |
| <b>3.7</b>  | <b>Project Contact:</b>   | Name:<br>Title:<br>Address:<br>Phone:<br>Fax:<br>E-Mail:   |   |                      |                    |
| <b>3.8</b>  | <b>Project Period:</b>  | Start Date:  | End Date:   |                      |                    |
| <b>3.9</b>  | <b>Project Costs:</b><br><i>(Complete attached Budget)</i>          | Funding provided by the applicant:<br>Secured funding from other sources:<br>Funding requested from MCCD:  |   |                      |                    |
|             |   | <b>Total Project Cost</b>  |   | \$0.00               |                    |
| <b>3.10</b> | <b>HOME Request:</b><br><i>(Development)</i>                        | Amount:<br>\$  | <input type="checkbox"/> Construction Loan  | Requested<br>Rate: % | Requested<br>Term: |
|             |   |  | <input type="checkbox"/> Permanent Loan   |                      |                    |
|             |   | Describe the form of HOME funds investment for the development (acquisition, construction financing, development subsidy etc.) and repayment if applicable:    |   |                      |                    |
| <b>3.11</b> | <b>HOME Request:</b><br><i>(Homebuyer)</i>                          | Describe the form of HOME funds investment to the homebuyer (down payment assistance, second mortgage financing etc.) and repayment if applicable:             |   |                      |                    |
|             |   | Amount:<br>\$  | <input type="checkbox"/> Amortized loan<br><input type="checkbox"/> Deferred Payment Loan<br><input type="checkbox"/> Forgivable Loan | Requested<br>Rate: % | Requested<br>Term: |
| <b>3.12</b> | <b>Match/Leveraged Funds:</b>                                       | Please describe funds that will be provided as "Match" to the project as well as leveraged funds, including status of availability and timing of availability: |   |                      |                    |

## SECTION 4: PROJECT BASICS

|            |   |   |                             |                    |  |   |
|------------|---|---|-----------------------------|--------------------|--|---|
| <b>4.1</b> | <b>Basics:</b>                          | <input type="checkbox"/> New Construction<br><input type="checkbox"/> Rehab   |                             | Style:             |  |   |
|            |   | Total # Units:  |                             | Targeting:         | Design Needs:  |   |
|            |   | # Market  | # 51-80%<br>ami             | # below<br>50% ami | <input type="checkbox"/> Families<br><input type="checkbox"/> Elderly<br><input type="checkbox"/> Disabled | <input type="checkbox"/> Accessible<br><input type="checkbox"/> Adaptable<br>Other: |
|            |   | Estimated Sales Price: \$   |                             |                    |  |   |
| <b>4.2</b> | <b>Site &amp; Building Information:</b> | Complete Worksheet A for each property  |                             |                    |  |   |
| <b>4.3</b> | <b>Timeline:</b>                        | <b>Description of Tasks</b>   | <b>Estimated Completion</b> |                    |  |   |
|            |   | <b>Acquisition</b>  |                             |                    |  |   |
|            |   | <b>Zoning</b>   |                             |                    |  |   |
|            |   | <b>Initial drawings/Scope of Work</b>   |                             |                    |  |   |
|            |   | <b>Complete Plans &amp; Specs</b>   |                             |                    |  |   |
|            |   | <b>Selection of Contractor</b>  |                             |                    |  |   |
|            |   | <b>Construction Contract/Sworn Statement</b>  |                             |                    |  |   |
|            |   | <b>Closing for Funds</b>  |                             |                    |  |   |
|            |   | <b>Construction</b>   |                             |                    |  |   |
|            |   | <b>Marketing/Buyer Selection</b>  |                             |                    |  |   |
|            |   | <b>Occupancy</b>  |                             |                    |  |   |
| <b>4.4</b> | <b>Design Components:</b>               | <p><b>Accessibility:</b> Describe any design and construction considerations to make that make the project more accessible or adaptable for the physically or sensory impaired individuals:</p> |                             |                    |  |   |
|            |   | <p><b>Energy Efficiency:</b> Describe any steps to be taken to make the property more energy efficient and reduce the overall energy costs of the building(s):</p>                              |                             |                    |  |   |
|            |   | <p><b>Green Technology:</b> Describe any methods that will be used in the design or building materials that promote green initiatives:</p>  |                             |                    |  |   |

|                                       |                                      |  |  |
|---------------------------------------|--------------------------------------|--|--|
| <b>Amenities:</b>                     |                                      |  |  |
| Square Footage: Above grade:          |                                      | Below grade: <input type="checkbox"/> Finished ? |  |
| <input type="checkbox"/> Range        | <input type="checkbox"/> Dishwasher  | <input type="checkbox"/> Washer                  | <input type="checkbox"/> Carpet flooring   |
| <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Microwave   | <input type="checkbox"/> Dryer                   | <input type="checkbox"/> Wood flooring   |
| <input type="checkbox"/> Disposal     | <input type="checkbox"/> Central A/C | <input type="checkbox"/> W/D hookups             | <input type="checkbox"/> Laminant flooring                                       |
|                                       |                                      |  | <input type="checkbox"/> Vinyl flooring  |
| # Beds:                               | Sizes:                               |  |  |
| # Baths:                              | Sizes:                               |  |  |
| Foundation:                           | <input type="checkbox"/> Slab        | <input type="checkbox"/> Crawl                   | <input type="checkbox"/> Partial Basement <input type="checkbox"/> Full Basement |
| Parking:                              | <input type="checkbox"/> Street      | <input type="checkbox"/> Drive                   | <input type="checkbox"/> Garage  |
|                                       |                                      | # spaces   | # spaces   |
| Other (describe):                     |                                      |  |  |



## SECTION 5: NARRATIVES

|            |                                      |  |
|------------|--------------------------------------|--|
| <b>5.1</b> | <b>Project Details:</b>              | Describe the project details including general administration, construction process and oversight .  |
|            |                                      |  |
| <b>5.2</b> | <b>Impact:</b>                       | Describe the projects intended impact on the neighborhood and populations to be served including social services or housing counseling offered to the buyer. |
|            |                                      |  |
| <b>5.3</b> | <b>Marketing &amp; Outreach:</b>     | Describe methods that will be used to market the housing and steps to outreach to populations least likely to apply.   |
|            |                                      |  |
| <b>5.4</b> | <b>Owner Intake &amp; Selection:</b> | Describe the applicant intake and selection process including acceptance criteria.   |
|            |                                      |  |
| <b>5.5</b> | <b>Lead Based Paint Procedures:</b>  | Describe issues with lead based paint and actions address those as applicable.   |
|            |                                      |  |
| <b>5.6</b> | <b>Relocation:</b>                   | If Relocation is required, please include the plan as an attachement in Section 8  |
|            |                                      |  |

## SECTION 6: PARTNER INFORMATION

|     |                            |  |
|-----|----------------------------|--|
| 6.1 | <b>Owner:</b>              |  |
|     | <b>Owner Contact:</b>      | Name:<br>Title:<br>Address:<br>Phone:<br>Fax:<br>E-Mail: |
| 6.2 | <b>Developer:</b>          |  |
|     | <b>Developer Contact:</b>  | Name:<br>Title:<br>Address:<br>Phone:<br>Fax:<br>E-Mail: |
| 6.3 | <b>Architect:</b>          |  |
|     | <b>Architect Contact:</b>  | Name:<br>Title:<br>Address:<br>Phone:<br>Fax:<br>E-Mail: |
| 6.4 | <b>Contractor:</b>         |  |
|     | <b>Contractor Contact:</b> | Name:<br>Title:<br>Address:<br>Phone:<br>Fax:<br>E-Mail: |
| 6.5 | <b>Attorney:</b>           |  |
|     | <b>Attorney Contact:</b>   | Name:<br>Title:<br>Address:<br>Phone:<br>Fax:<br>E-Mail: |
| 6.6 | <b>Other:</b>              |  |
|     | <b>Other Contact:</b>      | Name:<br>Title:<br>Address:<br>Phone:<br>Fax:<br>E-Mail: |
| 6.7 | <b>Other:</b>              |  |
|     | <b>Other Contact:</b>      | Name:<br>Title:<br>Address:<br>Phone:<br>Fax:<br>E-Mail: |

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## SECTION 7: APPLICANT EXPERIENCE

**Applicant Previous Experience Form**  
 Please complete a separate sheets as necessary.

| Project Name | Owner/Contact | Applicant Individual Involved | Project Type<br>(list all that apply)<br>SF = 1-4 Units<br>MF = 4+ Units<br>NC = New Construction<br>R = Rehabilitation<br>A = Affordable<br>MI= Mixed Income<br>MU = Mixed Use<br>SN = Special Needs | # of Units | Total Development Cost | Sources of Funds | Project Status<br>P = Pre-development<br>U = Under Construction<br>PS = Placed in Service |
|--------------|---------------|-------------------------------|---|------------|------------------------|------------------|---|
| 1            |               |                               |   |            |                        |                  |   |
| 2            |               |                               |   |            |                        |                  |   |
| 3            |               |                               |   |            |                        |                  |   |
| 4            |               |                               |   |            |                        |                  |   |
| 5            |               |                               |   |            |                        |                  |   |
| 6            |               |                               |   |            |                        |                  |   |
| 7            |               |                               |   |            |                        |                  |   |
| 8            |               |                               |   |            |                        |                  |   |
| 9            |               |                               |   |            |                        |                  |   |
| 10           |               |                               |   |            |                        |                  |   |

## SECTION 7: ARCHITECT EXPERIENCE

**Architect Previous Experience Form**  
 Please complete a separate sheets as necessary.

| Project Name | Owner/Contact | Applicant Individual Involved | Project Type<br>(list all that apply)<br>SF = 1-4 Units<br>MF = 4+ Units<br>NC = New Construction<br>R = Rehabilitation<br>A = Affordable<br>MI= Mixed Income<br>MU = Mixed Use<br>SN = Special Needs | # of Units | Total Development Cost | Sources of Funds | Project Status<br>P = Pre-development<br>U = Under Construction<br>PS = Placed in Service |
|--------------|---------------|-------------------------------|---|------------|------------------------|------------------|---|
| 1            |               |                               |   |            |                        |                  |   |
| 2            |               |                               |   |            |                        |                  |   |
| 3            |               |                               |   |            |                        |                  |   |
| 4            |               |                               |   |            |                        |                  |   |
| 5            |               |                               |   |            |                        |                  |   |
| 6            |               |                               |   |            |                        |                  |   |
| 7            |               |                               |   |            |                        |                  |   |
| 8            |               |                               |   |            |                        |                  |   |
| 9            |               |                               |   |            |                        |                  |   |
| 10           |               |                               |   |            |                        |                  |   |

## SECTION 7: CONTRACTOR EXPERIENCE

**Contractor Previous Experience Form**  
 Please complete a separate sheets as necessary.

| Project Name | Owner/Contact | Applicant Individual Involved | Project Type<br>(list all that apply)<br>SF = 1-4 Units<br>MF = 4+ Units<br>NC = New Construction<br>R = Rehabilitation<br>A = Affordable<br>MI= Mixed Income<br>MU = Mixed Use<br>SN = Special Needs | # of Units | Total Development Cost | Sources of Funds | Project Status<br>P = Pre-development<br>U = Under Construction<br>PS = Placed in Service |
|--------------|---------------|-------------------------------|---|------------|------------------------|------------------|---|
| 1            |               |                               |   |            |                        |                  |   |
| 2            |               |                               |   |            |                        |                  |   |
| 3            |               |                               |   |            |                        |                  |   |
| 4            |               |                               |   |            |                        |                  |   |
| 5            |               |                               |   |            |                        |                  |   |
| 6            |               |                               |   |            |                        |                  |   |
| 7            |               |                               |   |            |                        |                  |   |
| 8            |               |                               |   |            |                        |                  |   |
| 9            |               |                               |   |            |                        |                  |   |
| 10           |               |                               |   |            |                        |                  |   |

## SECTION 8: OTHER REQUIRED DOCUMENTATION

|            |                                    |   |
|------------|------------------------------------|---|
| <b>8.1</b> | <b>Budget</b>                      | Please submit a completed budget and Worksheet A  |
| <b>8.2</b> | <b>Sources and Uses</b>            | Completed the sources and uses statement and proforma. Include commitment letters for other funds   |
| <b>8.3</b> | <b>Environmental Questionnaire</b> | Please complete Worksheet B   |
| <b>8.4</b> | <b>Maps and Photos</b>             | Include project location map with photos of the area and surrounding neighborhood, also include design and finish materials if available.   |
| <b>8.5</b> | <b>Other</b>                       | Attach as applicable: Relocation Plan<br>Marketing/Outreach Plan<br>Applicant application materials<br>Minority/Women Business Enterprise participation estimates (10% requirement)   |
| <b>8.6</b> | <b>Letters of Support</b>          | Minimum letter of support from the elected official of the municipality.<br><b>No applications will be considered without evidence of support from the local government in which the housing project being is proposed.</b> |
| <b>8.7</b> | <b>Certifications</b>              | Applicant certifications signed by authorized signatory (must be original signatures), Form C   |
| <b>8.8</b> | <b>Market Study</b>                | Please provide a third party report that describes the market of the area of the proposed development.  |

# WORKSHEET A

## SITE & BUILDING INFORMATION

(COMPLETE ONE FOR EACH PROPERTY)

|  |  |  |
|--|--|--|
| Street Address:<br>City:<br>Zip:<br>PPN: |  | Lot Size:<br>Floodplain: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Zoning Classification:<br>Re-zoning Required: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Re-zoning Underway: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>Prior Use: |
|--|--|--|

Ownership:

Acquisition Required:  Yes  No      Clear Title:  Yes  No  Unknown

Sales Price: \$      Deed Restrictions:

Appraisal Completed:  Yes  No      Value: \$

If acquisitions is underway please complete the following:

Option to Purchase      Terms:

Sales Contract

Other      Seller:

Contact:

Occupancy:

Occupied Building       Vacant Building       Vacant Lot

Owner Occupied

Tenant Occupied

\*If the building is occupied, the Uniform Relocation Act will be triggered and must be followed. Certain notifications are required for both owner occupied and tenant occupied buildings. Non compliance with the URA will deem project ineligible.

|  |  |
|--|--|
| Property Taxes and Assessments:<br>Taxes Current: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Current Property Tax Liability: \$<br>Current Assessed Value: \$<br>Current Tax Rate:<br>Current Exemptions: | After Project Completion:<br>Estimated Property Tax Liability: \$<br>Estimated Assessed Value: \$<br>Estimated Tax Rate:<br>Proposed Exemptions: |
|--|--|

Utilities Present:  Water  Sewer  Gas  Electric  Other \_\_\_\_\_

Utilities to be Brought:  Water  Sewer  Gas  Electric  Other \_\_\_\_\_

Describe surrounding neighborhood including amenities, bus routes, schools etc.:



## WORKSHEET B

### ENVIRONMENTAL QUESTIONNAIRE

(COMPLETE ONE FOR EACH PROPERTY)

|   |  |  |
|---|--|--|
| Street Address:<br>City:<br>Zip:<br>PPN:        |  | Attachments:<br>Flood Map: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Zoning Map: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Re-zoning Underway: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>Prior Use: |
| Site Environment:<br>1.<br>2.<br>3.<br>4.<br>5. | Is this a single family or multi family property?<br>For multi family buildings (5+ units), how many units are there currently      , proposed<br>Will the project necessitate a change in zoning? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>a. What is the property's present land use <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural<br>What is the property's prior land use <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural<br>Is the proposed project rehabilitation? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>a. Will the footprint of the property change? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, what percentage      %<br>b. What is the estimated cost of rehab \$<br>c. What is the estimated after rehab value \$<br>d. =b./c. \$ |  |
| Historic Preservation:<br>1.                    | If the building has historic significance or the property is located within a historic district, special design considerations will have to be made in accordance with federal or local historic preservation guidelines.<br>Is the property/building listed in the Federal Register of historic Places, located in a local historic district or have historic significance to the best of your knowledge? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If so, attach a map of local historic district or information on Federal Register listing.  |  |
| Floodplain<br>1.                                | If the property is located in the 100 year floodplain, flood insurance will be required.<br>Is the property located in a 100 year floodplain according to a FEMA map? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| Wetland<br>1.<br>2.                             | Is the property location in or near a wetland? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Does water accumulate on or near the property or does water run through or near the site in the form of a creek or stream at any time during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| Drainage<br>1.                                  | If the project impacts or is located near a drainage way (creek or steam bed) of a water shed that drains an area of more than one square mile, a drainage permit from the Illinois Department of Natural Resources will be required before construction may begin.<br>Is the property on or near a drainage way of a water shed that drains an area of more than 1 square mile? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |

|  |   |
|--|---|
| <p>Noise</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>                       | <p>If noises from nearby uses impact the property, the Owner should consider including design standards which mitigate noise hazards.</p> <p>Is the project site located within 3,000 feet of a railroad? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes: Name of railroad company:<br/> Contact person:<br/> Telephone number:</p> <p>Is the site located within 1,000 feet of a major road, highway or freeway? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes: Name of road:</p> <p>Is the project site located within 15 miles of a military airport or within 5 miles of a commercial airport with scheduled air service?</p> <p>If yes: Name &amp; address of airport:<br/> Contact person:<br/> Telephone number:</p> <p>Is the project site located near (1 mile radius) any other noise generating source (e.g. Industrial plant)?</p> <p>If yes: Name &amp; address of company:<br/> Contact person:<br/> Telephone number:</p>   |
| <p>Hazards</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p> <p>6.</p> | <p>If hazards from nearby uses impact the property, the Owner should consider including design standards which mitigate these hazards.</p> <p>Is the project site located near or in an areas where conventional petroleum fuels (e.g. gasoline), hazardous gases (e.g. liquid propane), or chemicals of a flammable nature (e.g. benzene or hexane) are stored in a structure or an above-ground storage tank?<br/> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the project site located near or in an area where gas pipelines, electrical transmission lines, or electrical sub-stations are located? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the project site located on or near a waste dump or landfill site? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the project site near an industry which disposes of chemicals or hazardous wastes on its own premises? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there evidence that asbestos will be removed from the structure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are there any natural hazards located on or adjacent to the site such as steep slopes, geologic faults, or hazardous terrain features? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |

## FORM C: APPLICANT CERTIFICATION

Applicant hereby certifies that:

The developer will meet the Madison County HOME Investment Partnerships Program requirements, rules and objectives.

All authorizations required to perform the project, described in its application, have either been obtained or will be obtained before project commencement.

The project complies with all applicable state, federal, and local environmental and zoning laws, ordinances, and regulations and that all required licenses, permits, etc., have either been obtained or will be obtained before project commencement.

Applicant, nor project partners identified, have not been barred from contracting with a unit of state or local government as a result of a violation of Section 33E-3 or 33E-4 of the Criminal Code of 1961 (720 ILCS 5/33 E-3 and 5/33 E-4).

As of the submittal date, the information provided in its application is accurate, and the individual(s) signing below are authorized to submit this application.

Under penalty of perjury, I certify that I have examined this application and the document(s), schedule(s), and statement(s) submitted in conjunction herewith, and that, to the best of my information and belief, the information contained herein is true, correct, and complete. I also authorize Madison County Community Development to obtain any information that may have a bearing on this application. I represent that I am the person authorized to submit this application on behalf of the applicant, and that I am authorized to execute a legally binding grant agreement on behalf of the applicant if this application is approved for funding.

Signature

Name & Title

Date

# INSTRUCTIONS

All questions in the following sections must be completed by the applicant. Additional documentation should be attached as necessary to adequately respond to the question or to provide the detail requested.

## SECTION 1: APPLICANT INFORMATION - INSTRUCTIONS

- Section 1.1:** Provide the applicant's legal name which is reflected on your Federal W-9 form.
- Section 1.2:** Provide the applicant's business address.
- Section 1.3:** Complete this section by indicating the Chief Officer of the applicant. If the applicant organization has more than one chief officer, please attach additional documentation providing all names and appropriate contact information.
- Section 1.4:** Provide a brief explicit description of the applicant indicating the type of business, business history, typical clientele, etc. The applicant description should not exceed 200 characters.
- Section 1.5:** Provide the applicant's North American Industry Classification System (NAICS) Code. The NAICS (pronounced Nakes) was developed as the standard for use by Federal statistical agencies in classifying business establishments for the collection, analysis, and publication of statistical data related to the business economy of the U.S. If you do not know your NAICS Code, you may look it up at: <http://www.naics.com/index.html>
- Section 1.6:** If applicable, provide the applicant's website address.
- Section 1.7:** Provide the applicant's Federal Employer Identification Number (FEIN). The FEIN is also known as a Federal Tax Identification Number, and is used to identify a business entity. Generally, businesses need a FEIN. If your business does not have a FEIN, you may apply for it at <http://www.irs.gov/>. You are required to have a FEIN in order to be eligible for a Madison County award.
- Section 1.8:** If the applicant is an individual with no FEIN, provide the applicant's Social Security Number (SSN). **Do not provide a Social Security Number if you are also providing a FEIN for Question #7.**
- Section 1.9:** A DUNS Number is a unique nine-digit sequence recognized as the universal standard for identifying and keeping track of over 100 million businesses worldwide. Provide the applicant's DUNS number. If your business does not have a DUNS number, you may request one at: [http://www.dnb.com/us/duns\\_update/](http://www.dnb.com/us/duns_update/)
- Section 1.10:** Indicate the start date and end date of the applicant's fiscal year (accounting year) with month, day and year.
- Section 1.11:** Check the appropriate box if the applicant's business is a women or minority-owned business. A women or minority-owned business is defined as a business at least 51 percent owned and controlled by persons who are women or minority. Minority-owned is defined as the following race/ethnic groups: Black / African Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans and Asian-Indian Americans. If minority-owned, then check the appropriate race/ethnic group box that applies.

## SECTION 2: APPLICANT HISTORY - INSTRUCTIONS

- Section 2.1:** Complete this section with information on any grants received from the Madison County by the applicant within the last 3 years from the date of this application. Applicant must provide the information detailed below for each grant received.

|                              |   |
|------------------------------|---|
| Agency:                      | List the name of the agency from which the grant/loan was received.   |
| Project Name:                | List the project name related to the grant/loan.  |
| Grant/Loan Amount:           | List the total amount of the grant/loan   |
| Project Term:                | List the the beginning and end date of the project.   |
| General Project Description: | Provide a brief description of the project.   |
| Issues:                      | Provide a description of any financial or programmatic issues that were identified with this project by either the grantor agency and/or grantee. State whether the issues are resolved or unresolved. If the issues are unresolved, state the reason why and provide a current status. |

**Section 2.2:** If the applicant's organization has operated under any other names or FEIN numbers during the past 3 years from the date of this application, this information must be provided in this section.

**Section 2.3:** Indicate which key staff positions have changed within the past twelve months from the date of this application. Provide additional documentation for the requested information for any vacancies, new hires, layoffs, and terminations. Also provide the same information for any changes relating to key staff positions that may become involved with the administration and/or management of potential projects.

**Section 2.4:** Indicate whether a previous business existed for less than two years. Principal is defined as any officer or member of the governing board of the applicant, as well as any individual in the organization who exerts significant control over the activities of the applicant or who has the authority to make decisions on behalf of the applicant.

- If yes, provide name(s) of business and reason(s) supporting why the business is no longer in existence. Be as descriptive as possible for reason(s) why the business is no longer in existence. Attach additional supporting documentation to support your response to this question.

**Section 2.5:** Indicate yes or no and provide additional information in subsequent question. Principal is defined as any officer or member of the governing board of the applicant, as well as any individual in the organization who exerts significant control over the activities of the applicant or who has the authority to make decisions on behalf of the applicant.

- If yes, identify the nature (including case number and venue) of the action and the disposition. If the action/proceeding is still pending or unresolved, provide a status identifying the unresolved issues. Be as descriptive as possible and attach additional supporting documentation to support the response to this question.

**Section 2.6:** Indicate yes or no and provide additional information in subsequent question. Principal is defined as any officer or member of the governing board of the applicant, as well as any individual in the organization who exerts significant control over the activities of the applicant or who has the authority to make decisions on behalf of the applicant.

- If yes, describe the proceedings and provide the current status. Be as descriptive as possible and attach additional supporting documentation to support the response to this question.

**Section 2.7:** Indicate any debt owed to the Federal Government or Madison County by listing the specific reason(s) and amount(s). Attach additional documentation to explain the debt owed to the Federal Government or Madison County. Principal is defined as any officer or member of the governing board of the applicant, as well as any individual in the organization who exerts significant control over the activities of the applicant or who has the authority to make decisions on behalf of the applicant.

## SECTION 3: PROPOSAL BASICS - INSTRUCTIONS

**Section 3.1:** Indicate the date on which the applicant is submitting this proposal.

**Section 3.2:** Provide the name or a short title that accurately describes the proposal.

- Section 3.3:** Provide a brief description of the proposed project that includes the use of the program funds. The description should not exceed 550 characters. The description provided here may be used on the Department's website or materials supplied to the public.
- Section 3.4:** Complete this section with the address of the proposed project location.
- Section 3.5:** Identify the area(s) served if the project location serves more than one location or if it serves a geographical region. Identify these areas by blocks, neighborhoods, cities, towns, villages, counties or other defined programmatic or geographical regions.
- Section 3.6:** Indicate whether or not the applicant is under taking the project as an eligible Community Housing Development Organization (CHDO) activity. Also indicate in what capacity the CHDO is acting in as the project owner, developer or sponsor. Contact the Department for further information if needed.
- Section 3.7:** Provide information for the direct contact person for the proposal. This should be the individual who will be able to answer questions, provide additional information and schedule necessary meetings.
- Section 3.8:** Indicate the projected project time period with a start and end date.
- Section 3.9:** Identify the funding sources for the proposed project. The applicant must identify the amount of funding the applicant is proposing to provide to the project, any secured funding from other sources, and the amount of funding being requested from Madison County. The total project cost should be the sum of all three sources of funds. The project costs in this section should be consistent with the information provided in the attached Budget and Sources and Uses Statement.
- Section 3.10:** Insert the dollar amount of HOME funds that will be used for development purposes including acquisition, hard and soft construction costs, professional fees, financing fees etc. Indicate whether HOME funds will be used as construction financing or permanent financing, loan or grant, the requested interest rate and requested term of the loan in months. Madison County may negotiate the requested structure of financing during project underwriting. Also describe the form of HOME funds investment for the development and repayment schedule if applicable.
- Section 3.11:** Insert the dollar amount of HOME funds that will be used for direct assistance provided to the Homebuyer. Indicate whether HOME funds will be structured as an amortized loan, deferred payment loan, forgivable loan or grant; the requested interest rate and requested term of the loan in months. Madison County may negotiate the requested structure of financing during project underwriting. Also describe the form of HOME funds investment for the development and repayment schedule if applicable.
- Section 3.12:** Describe funds including amount, source, use, status of availability and timing of availability that will be provided to the project which will count as a matching contribution for meeting the Madison County's 25% match requirement. For more information on match requirements refer to the Program Guide above or contact MCCD. Also describe any leveraged funds (private financing, grants etc.) including the amount, source, use, status of availability and timing of availability.

## SECTION 4: PROJECT BASICS - INSTRUCTIONS

- Section 4.1:** Indicate whether the proposed project is new construction or a rehabilitation of an existing building, the total number of housing units, the number of market rate (non income restricted) units, number of units reserved for households between 51% and 80% of the area median income, and number of units designated for households at or below 50% of the area median income. Income limitations are detailed in the Program Guide and published annually by HUD. Also indicate the style of housing (stick built, modular, manufactured etc.), population targeting if applicable, special design needs and the estimated sale price.
- Section 4.2:** Complete Worksheet A for each property. Fill in the street address, city, zip code parcel identification number (PPN), lot size and building square footage (if applicable). Indicate whether or not the property is located in a floodplain, what the current zoning classification is, if re-zoning is required, if re-zoning is underway and what the prior use of the property was.

The prior use information will be used with other site information to determine whether or not a formal environmental assessment (Phase I) is necessary.

Indicated whether acquisition is required, if it is known to have clear title (Madison County may seek evidence of clear title and/or title insurance), and if an appraisal has been completed including the determined value amount. If acquisition is required and underway, detail the terms of the contract or option, the sellers name and contact information and detail any known deed restrictions; if it is not underway please state "TBD".

Complete the occupancy section by identifying whether the property has an occupied building, vacant building or is a vacant lot. If there is an occupied building on the property identify if it is occupied by a tenant or owner. All projects involving occupied buildings must follow rules under the Uniform Relocation Act.

Complete information regarding current property taxes and assessments by checking whether or not the taxes are current, what the current tax liability amount is if known or use the most recent amount known, the current assessed value of the property, current tax rate for the location and any current exemptions the property is receiving. Provide an estimated property tax liability amount, estimated assessed value, estimated tax rate (may use current known) and any proposed exemptions the property may be eligible for upon project completion.

Check mark what utilities are currently present on site and what utilities will need to be brought. If there are plans on replacing utilities, check those in the "to be brought" category.

Provide a detailed description of the surrounding neighborhood, particularly availability of things the target population may find attractive or as a negative.

**Section 4.3:** Provide an estimated completion date for each task identified under the timeline, if unknown please say so.

**Section 4.4:** Describe in detail efforts to meeting design requirements or additions in the categories of accessibility, energy efficiency, green technologies and amenities included. Minimum standards for accessibility and energy efficiency may be found in the Program Guide.

## **SECTION 5: NARRATIVES - INSTRUCTIONS**

**Section 5.1:** Describe how the project will operate from pre-development through completion, including persons responsible for different aspects.

**Section 5.2:** Describe the intended impact for the neighborhood, community and the prospective buyers or homeowners. Indicate benefits or negative impacts will result from the project.

**Section 5.3:** Describe methods and timeframe for marketing the program and proceeding sale if applicable. An affirmative marketing plan will be required prior to the start of project, if available it may be included in Section 8 of the application.

**Section 5.4:** Describe the applicant intake process, eligibility requirement including income targeting and underwriting criteria proposed. Madison County uses existing underwriting criteria for homeownership programs, however other proposals may be considered. If no other underwriting criteria is detailed, Madison County will default to its own. Madison County reserves the right to deny any proposals for underwriting applicants. All application materials must be approved by Madison County prior to use and may be submitted in Section 8 if available.

**Section 5.5:** Describe method for determining evidence of lead-based paint in pre-1978 homes, different degrees of lead-based paint control are applicable depending on the funding level which may be found in the Program Guide. Also describe actions that will be taken to address findings.

**Section 5.6:** Identify the applicability of relocation requirements, a relocation plan must be included in Section 8 of the application if it applies.

## SECTION 6: PARTNER INFORMATION - INSTRUCTIONS

**Section 6.1-6.7:** Complete contact information for each project partner.

## SECTION 7: APPLICANT, ARCHITECT & CONTRACTOR EXPERIENCE - INSTRUCTIONS

**Section 7:** Complete the experience worksheets for the applicant, architect (if available) and contractor (if available).

## SECTION 8: OTHER REQUIRED DOCUMENTATION - INSTRUCTIONS

**Section 8.1:** Complete the development budget by using the one provided (Form A) or another similar form- this must be a detailed project breakdown. A certified statement from the owner and contractor will be required before project commencement.

**Section 8.2:** Complete the sources and uses statement provided (Form B), this will be compared to the application and development budget so the figures should be consistent.

**Section 8.3:** Please complete the environmental questionnaire to the best of knowledge, Worksheet B.

**Section 8.4:** Attach project location maps, site and neighborhood photographs and any available design materials.

**Section 8.5:** Attach any available marketing and outreach plans, buyer application material, minority and/or women business enterprise participation estimates and/or relocation plans as applicable. Madison County Community Development has sample forms or formats available upon request.

**Section 8.6:** Attach letters of support from local legislators, members of the community or local agencies. At a minimum a letter of support from the local elected official is required. **No applications will be considered without evidence of support from the local government in which the housing is proposed. The applicant is also required to provide documentation of a public meeting.**

**Section 8.7:** The applicant should read and understand the certification statement provided as Form C. The individual that signs this section should be the one that is authorized to sign the grant agreement if grant funds are awarded. The authorized individual should sign their name, print their name and title and date of certification. Please note the certification authorizes the Madison County to publish a copy of the completed application or any material a part of on the County's website.

**Section 8.8:** The applicant must provide a copy of a third party report for the area around the development.

## SUBMISSION OF APPLICATION

Each application submitted under these guidelines must include all of the information required in the funding application documentation set forth in the Application Instructions. Applications under this program will be accepted on an on going basis, subject to funding availability. Madison County will accept applications, printed or electronic with original signature pages at the following address:

Madison County Community Development  
Attn: Sam Borders  
130 Hillsboro Ave.  
Edwardsville, IL 62025