

PRE-APPLICATION REQUIREMENTS

Following a meeting with SHRA staff to introduce a project, an applicant may submit a Pre-Application for multifamily financing. The Pre-Application is expected to include the items below:

1. Name and location of proposed project
2. Name of the applicant and development team
3. If no previous experience with SHRA, a Tax Credit Allocation Committee "Previous Participation Certificate"
4. Type of construction: new construction or rehabilitation
5. Number of units and their size (# of bedrooms)
6. Affordability levels of the units
7. Timeline for financing and construction
8. Status of site control
9. Preliminary project budget and total development cost
10. Sources and uses of funds, including construction, bridge and permanent financing
11. Cash flow proforma including all debt service obligations for the term of the longest proposed loan
12. Other items as may be requested by Agency staff for particular projects

FULL APPLICATION REQUIREMENTS

The applicant for multifamily financing from the Sacramento Housing and Redevelopment Agency (SHRA) is expected to complete and submit all of the items described below. Developers applying for tax credits are encouraged to use Tax Credit Allocation Committee (TCAC) forms whenever possible. Developers are required to submit one complete hard copy of the required items. **Only complete applications will be analyzed and considered for funding.**

1. Project Narrative

The project narrative should provide a brief summary of the project, and should include, but not be limited to, the following:

- Name and location of proposed project
- Name of the applicant and development team
- Type of construction: new construction or rehabilitation
- Design and architectural features of the buildings
- Number of units and their size (# of bedrooms)
- Affordability levels of the units
- Amenities and services offered at the complex
- Exceptional circumstances affecting the project's development, site, or funding

2. Contact List

Contact information for the following parties should be provided, including the contact person, name of the firm, address, phone number, fax number, and e-mail:

- Applicant
- Developer
- Architect
- General contractor
- Legal counsel
- Financial institution(s)
- Bond underwriter
- Property management firm
- Consultant(s)

3. Applicant Information (Borrower)

Detailed information should be provided for the applicant, including:

- The Principal(s), Executive Director, or President of the firm
- Project manager, if different from above
- Legal status of applicant: existing or date to be formed; federal ID number
- Organizational documents, i.e. Certificate of Limited Partnership, etc.
- Description of ownership interests in the borrower: report whether the borrower or any limited or general partner is a nonprofit organization
 - If borrower is a partnership, list the names, addresses and telephone numbers of all general and limited partners, and describe the interest(s) of each partner

- If borrower is a corporation, list all shareholders owning more than 20 percent of the outstanding stock
- Balance Sheet, Income Statement, Statement of Cash Flows with notes, and Federal tax returns for the last three years for all ownership interests listed above with more than a 20 percent interest, including the general partner and/or sponsor

4. Development Team

A resume from each member of the development team should be included which demonstrates their qualifications to develop, own, and/or operate the proposed project, and should include specifically the qualifications listed below:

- Developer/general partner and co-developer/co-general partner, if applicable
 - List properties owned or managed within the past five years, with government financial assistance identified, and the type (i.e. TCAC, HCD, etc.), and whether the property is subject to a recorded regulatory agreement.
 - List properties owned or managed that defaulted or were foreclosed upon during the ownership or management period
 - Qualifications of key staff persons
 - Execution of Authorization to Release Information form (attached)
 - Execution of Qualifications Disclosure form (attached)
- Architect
 - List projects within the last five years of a similar type and level of complexity
- Attorney
 - Describe experience in real estate and public financing
- Underwriter
 - Describe experience of firm and lead underwriter
 - List projects within the last five years of a similar type and level of complexity
- Property management firm
 - List properties managed within the last five years by name, address, and contact information. Indicate whether the property received or receives government financial assistance, and the type (TCAC, CDLAC, HCD, etc.), and whether the property is subject to a recorded regulatory agreement
 - List properties under management that defaulted or were foreclosed upon during the management period
 - Qualifications of key staff persons
- General contractor
 - List three similar projects and experience in the proposed project's type of construction
- Other consultants
 - Description of qualifications

5. Site Information

- Site Data form (attached)
- Evidence of site control
- Preliminary title report, not more than six months old
- Evidence project is not located in a flood plain

- Evidence of land use entitlements, or status of City/County application
- Map showing project location

6. Rehabilitation Projects Only

- Description of current buildings, including matrix of unit types
- Relocation plan

7. Project Description

- Narrative description of proposed construction and design
- Complete scope of work, with budget for each item
- Site plan, including location of all buildings and parking, with Resident Services community space identified
- Unit floor plans, including square footage of each unit type
- Building renderings
- Evidence of compliance with sustainability standards (See Section 4.17)

8. Third Party Reports

- Appraisal (To be submitted as soon as possible, but no later than two months before projected closing date)
- Market study
- Rehabilitation assessment (Capital Needs Assessment or Physical Needs Assessment)
- Phase I environmental assessment (and Phase 2 if necessary)
- Lead-based paint assessment (for projects built prior to 1979)
- Asbestos assessment (if indicated by Phase 1 or if project built prior to 1979)
- Soils report (New construction only)
- Pest report (Rehab projects only)

9. Property Management

- Property Management Plan
- Lease
- Security Questionnaire of Multifamily Projects (Attached)

10. Resident Services

- Mission Statement (of the Responsible Entity)
- Preliminary program description (provide narrative for the applicable categories)
 - Service Coordination (Case Management)
 - After-School Program
 - Education
 - Enrichment
 - Transportation (Senior projects)
- Organizational charts (Responsible Entity and Service Provider)
- Portfolio of current projects
- List of additional service providers who may be utilized
- Preliminary Resident Services Plan including After-School Program Schedule
- Staffing levels and qualifications

- Resident needs assessment questionnaire
- Contractual agreement between the Responsible Entity and the Service Provider

11. Project Financing

- Narrative description of financing arrangements
- Sources and uses of funds, including construction, bridge and permanent financing
- Evidence of commitment, or commitment status of proposed financing
- For acquisition/rehabilitation projects using acquisition tax credits, evidence of satisfaction of TCAC's ten-year hold requirements
- Evidence of tenant-based or project-based assistance, such as rent or operating subsidies, if applicable
- Schedule of proposed rents by unit type
- Itemized operating expenses
- Itemized total development budget
- Cash flow proforma including all debt service obligations for the term of the longest proposed loan

12. SHRA Underwriting and Processing Fee

Applications must include a check made out to Sacramento Housing and Redevelopment Agency for the SHRA Underwriting and Processing Fee in the following amounts:

- For an SHRA loan \$5,000, or
- For bonds \$12,500

The following forms must be submitted with the application.

Authorization to Release Information

- A. I hereby authorize the Sacramento Housing and Redevelopment Agency (SHRA) to make written inquiry relating to any information necessary to determine my eligibility for financing assistance.
- B. Any information obtained by Sacramento Housing and Redevelopment Agency will be used solely for the purpose of assisting me in obtaining financing offered by SHRA.
- C. I understand that the information provided will be kept strictly confidential and that this authorization will be in effect for 12 months from the following date.

Date:

Signature of Applicant

Name of Applicant (Printed)

Social Security Number or TIN

Date of Birth

Residence Address:

Previous Residence Address:

Street

Street

City, State Zip

City, State Zip

Name of Business or Corporation

Business Address:

Street

City State Zip

Qualifications Disclosure

Please respond to each question. If a question does not apply to the discipline of the firm, insert "n/a". The firm may be requested to submit documentation to verify or explain its responses to these questions during the proposal review process. This form must be signed by an officer or principal of each firm that is part of the proposer's team.

The term "Affiliate" means a parent or subsidiary corporation and an organization (such as a partnership, limited liability company, or professional corporation) that is currently, or in the past five years has been, related to the Firm by means of either (a) financial support; (b) the same or substantially similar: general, managing or limited partners, members, investors, or shareholders; or (c) by other means of control. The term "Officer" means a member of the Firm's or an Affiliate's governing board. The term "Principal" encompasses all persons and entities with at least 10% ownership interest in the Firm or an Affiliate.

Operating and Financial Capacity – Current Status:	Yes	No
1. DOES THE FIRM POSSESS VALID AND CURRENT BUSINESS AND PROFESSIONAL LICENSES REQUIRED TO DEVELOP AND OPERATE THE PROJECT PROPOSED?		
2. DOES THE FIRM POSSESS A GENERAL LIABILITY INSURANCE POLICY WITH A MINIMUM POLICY LIMIT OF AT LEAST \$5 MILLION PER OCCURANCE AND WORKERS COMPENSATION INSURANCE COVERAGE AS REQUIRED BY CALIFORNIA LAW?		
3. CAN THE FIRM OBTAIN PERFORMANCE AND PAYMENT BONDS FROM AN ADMITTED SURETY EQUAL TO THE ESTIMATED PROJECT CONSTRUCTION COST?		
4. DOES THE FIRM HAVE RETAINED EARNINGS OR DOES ONE OF ITS PRINCIPALS HAVE A NET WORTH EQUAL TO AT LEAST 10% OF THE ESTIMATED TOTAL PROJECT COST?		
Background Information – Within the Last 10 Years:	Yes	No
LITIGATION		
5. HAS THE FIRM, AFFILIATE, OR ANY OFFICER OR PRINCIPAL BEEN INVESTIGATED, ARRESTED, CONVICTED, FOUND LIABLE, ENTERED INTO A SETTLEMENT AGREEMENT, OR PAID A PENALTY FOR FRAUD, PERJURY, FORGERY, THEFT, EMBEZZLEMENT, FALSE CLAIMS, MATERIAL MISREPRESENTATION, OR ANY SIMILAR CRIME OR CIVIL ACTION?		
6. IS THE FIRM OR AFFILIATE CURRENTLY A PARTY TO ANY CIVIL ACTION, THE OUTCOME OF WHICH COULD MATERIALLY AND ADVERSELY AFFECT ITS FINANCIAL CONDITION?		
PENALTIES AND CITATIONS		
7. HAS THE FIRM OR AFFILIATE BEEN DEBARRED, SUSPENDED, OR OTHERWISE BEEN DEEMED INELIGIBLE TO BID ON CONTRACTS BY ANY LOCAL, STATE OR FEDERAL AGENCY?		
8. HAS THE CONTRACTORS LICENSE BOARD ISSUED A FINAL DECISION OR ORDER AGAINST THE FIRM OR AFFILIATE RELATED TO A CITATION OR DISCIPLINARY ACTION?		
9. HAS THE DEPT OF INDUSTRIAL RELATIONS (DIR) FOUND THAT THE FIRM OR AFFILIATE VIOLATED ANY PROVISION OF THE LABOR CODE, A DIR REGULATION, OR A WAGE AND HOUR ORDER, OR ENTERED INTO A SETTLEMENT AGREEMENT RELATED TO SUCH VIOLATIONS?		

10. HAS CAL OSHA CITED AND ASSESSED PENALTIES AGAINST THE FIRM OR AFFILIATE FOR ANY SERIOUS, WILFUL OR REPEAT VIOLATIONS OF HEALTH AND SAFETY STANDARDS?		
11. HAS THE FIRM OR AFFILIATE BEEN ISSUED A CODE ENFORCEMENT CITATION RELATED TO ANY BUILDING OWNED OR OPERATED BY THE FIRM OR AFFILIATE FOR VIOLATION OF HEALTH AND SAFETY REGULATIONS OR BUILDING CODES?		
FINANCIAL		
12. HAS THE FIRM OR AFFILIATE FILED FOR, OR BEEN THE SUBJECT OF THE INVOLUNTARY INITIATION OF, BANKRUPTCY, REORGANIZATION, INSOLVENCY, DISSOLUTION OR RECEIVERSHIP PROTECTION?		
13. HAS THE FIRM OR AFFILIATE DEFAULTED ON ANY LOAN OR HAS ANY PROPERTY OWNED BY THE FIRM OR AFFILIATE BEEN FORECLOSED AGAINST?		
14. HAS A SURETY COMPLETED A CONTRACT OR MADE PAYMENT ON BEHALF OF THE FIRM OR AFFILIATE DUE ITS DEFAULT OF A CONTRACTUAL OBLIGATION?		

FIRM AND AFFILIATE INFORMATION

Please provide the following information:

1. Firm Organization status:

- CA Corporation
 _____ Corporation
 Professional Corporation
 General Partnership
 Limited Partnership
 Limited Liability Company
 Sole Proprietor

2. How many years has the Firm been in business? _____ Years

3. Firm Contractor's License No. (if applicable): _____

4. Is the Firm a subsidiary, parent, holding company or Affiliate (as defined above) of another firm?
_____ Yes _____ No

If Yes, please list below the names and relationship of each Affiliate firm:

5. Has the ownership of any of the Principals in the Firm changed by more than 25% during the last three years? _____ Yes _____ No
If Yes, please provide a brief explanation below or in an attachment:

6. Does the Firm or an Affiliate currently own any property in Sacramento County, other than its business office location(s) or the personal residences of Officers or Principals of the Firm or Affiliate? _____ Yes _____ No
If Yes, please list the addresses below or in an attachment:

I hereby certify that the foregoing responses are true and correct:

Signature

Date

Name and Title

Phone Number

Firm Name

Address

Site Data

Project Address: _____

APN's: _____

Zoning: _____

Site Acreage: _____

Number of Buildings: _____

Square Footage of Buildings: _____

Number of Parking Spaces: _____

Amenities (current): _____

Amenities (proposed): _____

SURROUNDING LAND USES:

North:	
South:	
East:	
West:	

INDICATE THE LOCATION OF THE FOLLOWING TO THE SITE:

	Name	Distance from site	Street Location
Public Transportation:			
Elementary School:			
Intermediate School:			
High School:			
Park:			
Day Care:			
Grocery Store:			

ADDITIONAL INFORMATION REGARDING SITE OR NEIGHBORHOOD:

Sacramento Housing & Redevelopment Agency
Security Questionnaire of Multifamily Projects

Project Name: _____

Form Completed By: _____

Managed By: _____

Date: _____

Project Total Number of Units: _____

Project: New Existing

Surveillance Cameras

Yes/Planning

No/Not Planning

Number/Location(s):

Entrance Gate(s)	<input type="text"/>
Parking Area(s)	<input type="text"/>
Common Area(s)	<input type="text"/>
Community Rooms/Space(s)	<input type="text"/>
Rental Office	<input type="text"/>
Street(s)	<input type="text"/>
Total Number:	<input type="text"/>

Type(s) of Camera(s):

Fixed Position	<input type="text"/>
Manually Variable	<input type="text"/>
Automatically Pans	<input type="text"/>

Type(s) of Use(s):

Continuous Recorded	<input type="text"/>
Staff Monitored	<input type="text"/>

Initial Cost: \$ _____

Annual Maintenance Cost: \$ _____

Comments: _____

Security Company Patrols

Yes/Planning

No/Not Planning

Company Name: _____

Contact: _____

Office Phone: _____

Cell: _____

Website: _____

Email: _____

Time Shift Begins:

Time Shift Ends:

Day Split Shift Begins:

Day Split Shift Ends:

Night Split Shift Begins:

Night Split Shift Ends:

On-Call 24/7, including all holidays: Yes/Planning No/Not Planning

Reporting Method & Frequency:

Computerized Reports

Handwritten Reports

Other Method (Describe): _____

Foot Patrol:

Armed Guards

Always on-site during the shift:

Unarmed Guards

Yes/Planning

No/Not Planning

of Guards per Patrol

of Days per Week

of Sweeps per Patrol

of Minutes per Sweep

Weekday Sweep Times Random

Scheduled

Weekend Sweep Times Random

Scheduled

Security Company Patrols (continued)

Vehicle Patrol:

Armed Guards
 # Unarmed Guards
 # of Guards per Patrol
 # of Days per Week
 # of Sweeps per Patrol
 # of Minutes per Sweep
 Weekday Sweep Times
 Weekend Sweep Times

Always on-site during the shift:
 Yes/Planning No/Not Planning

Random		Scheduled	
Random		Scheduled	

Total Annual Patrol Cost: \$ _____

Years Utilized at Project: _____ Not Applicable (Go to Perimeter Controls)

Experience to Date Rank: Good: Fair: Poor:
From Great (10) to Very Poor (1): 8 - 10 5 - 7 1 - 4

Security Company Information to attach to this Questionnaire

(1)Company Overview, (2)Organizational Chart, and (3)Portfolio of Existing Projects in the County of Sacramento

Perimeter Control(s) Yes/Planning No/Not Planning

Perimeter Fencing

Completely Fenced	Yes: <input type="text"/>	No: <input type="text"/>
Partially Fenced	Yes: <input type="text"/>	No: <input type="text"/>
Not Fenced	Yes: <input type="text"/>	No: <input type="text"/>
Type of Fencing	_____	
Age of Fencing	_____	
Height of Fencing	_____	

Initial Cost: \$ _____

Annual Maintenance Cost: \$ _____

Entrance Gate(s)

# of Entrance Driveways	<input type="text"/>
# that are Gated	<input type="text"/>
Hours Closed/day	<input type="text"/>
Opening Mechanism	_____ (e.g., keypad, card, etc.)

# of Pedestrian Entrances	<input type="text"/>
# that are Gated	<input type="text"/>
Hours Closed/day	<input type="text"/>
Opening Mechanism	_____ (e.g., keypad, card, etc.)

Initial Cost: \$ _____

Annual Maintenance Cost: \$ _____

Other Security

Yes/Planning

No/Not Planning

Onsite POP Office

Neighborhood Watch

Other

Lighting*

Location(s):

- Buildings
- Parking Area(s)
- Amenities (pools, laundry, etc)
- Porches
- Pathways

Colors	Type(s)	Controls

Annual Maintenance Cost: \$ _____

***Legend**

Colors(s):

- Metal Halide 1
- Mecury Vapor 2
- High Pressure Sodium 3
- Low Pressure Sodium 4
- Other (name) 5

Type(s):

- Wallpacks 1
- Floodlights 2
- Bollards 3
- Area Luminaires 4
- Other (name) 5

Controls:

- Photo Cells 1
(on at dusk, off at dawn)
- Time Clocks 2
(set for cetain hours of operation)

Additional Comments (if any): _____

**Sacramento Housing and Redevelopment Agency (Agency)
Resident Services Plan**

Project Name: _____
Address: _____
Site Manager: _____
Tel # and Email: _____

Name of General Partner (GP): _____
Address: _____
Contact Name: _____
Tel # and Email: _____

Required resident services per Regulatory Agreement:

Required reporting periods: _____

Complete the following for EACH Resident Services Program:

Name of Service Provider: _____
Address: _____
Contact Name: _____
Tel # and Email: _____

Number of staff for this program at the project site: _____

Program Description: _____

Goal(s): _____

Objectives: _____

Days of week class conducted: _____

Hours classes held: _____

Location(s) at the project where the class will be held: _____

