

Applicant Name:

Project Name:

**Financial Summary:**

**Income and Expense Analysis:**

Total Annual Rental Income	-	
Other Income	-	
Vacancy Allowance	-	
<b>Effective Gross Income</b>	-	
Total Administrative Expenses	-	
Total Operating Expenses	-	
Total Maintenance Expenses	-	
Total Taxes	-	
<b>Total Annual Expenses</b>	-	
Annual Replacement Reserves	-	
<b>Net Operating Income</b>	-	Debt Coverage Ratio = <input type="text"/>
Total Annual Debt Service	-	
<b>Net Cash Flow</b>	-	

**Uses of Funds:**

Purchase Land and Building(s):	-
Site Work:	-
Construction Costs	-
Professional Fees:	-
Interim Costs:	-
Financing Fees and Expenses:	-
Soft Costs:	-
Development Reserves:	-
<b>Total Development Cost</b>	-

**Sources of Funds:**

1 Sumter County Regional HOME Consortium HOME-ARP	-
2	-
3	0
4	0
5	0
<b>Total Sources of Funds</b>	-

Do Uses = Sources?

**Sumter County Regional HOME Consortium  
HOME-ARP Rental Application**

**Data Entry Instructions:**

This workbook has been password protected to prevent the user from overwriting questions, labels, and calculations.

**PLEASE READ BEFORE DATA ENTRY**

- 1) All data entry should be input in the sections that are shaded with a pale blue background.**  
(the protection of the workbook should prevent data entry in other areas)
- 2) For data fields that require a check mark next to the description, please type an "x" in the box.**
- 3) Some data fields contain a drop down "data list". You can select from this list or type in the data as long as the typed data matches a selection contained in the list. These data lists serve to check the validity of the entry when there are limited possible answers.**

Should you have any concerns or find any problems or errors with this workbook, please submit you question(s) in writing via email:  
Shekia Bradford [sbradford@slcog.org](mailto:sbradford@slcog.org)

**Sumter County Regional HOME Consortium  
HOME-ARP RLF Rental Application Workbook**

Applicant Name:

Project Name:

**Application Type: Organization Type (check all that apply):**

<input type="checkbox"/> New Construction - HOME-ARP Rental	<input type="checkbox"/> For-Profit Corporation	If CHDO click applicable role:	
<input type="checkbox"/> Acquisition/Rehabilitation - HOME-ARP Rental	<input type="checkbox"/> Non-profit Organization		<input type="checkbox"/> Developer
	<input type="checkbox"/> CHDO		<input type="checkbox"/> Sponsor
	<input type="checkbox"/> Public Housing Authority		<input type="checkbox"/> Owner
	<input type="checkbox"/> Joint Venture		

Total # of Units:	<input type="text"/>	# Homeless Units:	<input type="text"/>
Total # of HOME-ARP Assisted Units:	<input type="text"/>	# At Risk of Homelessness Units:	<input type="text"/>
HOME-ARP Assisted Units Fixed or Floating?	<input type="text"/> Fixed <input type="text"/> Floating	# Domestic Violence Units:	<input type="text"/>
		# Other Qualifying Populations Units:	<input type="text"/>

Total HOME-ARP Funds Requested:	<input type="text"/>
Total Development Costs:	\$ <input type="text" value="-"/>
Total HOME-ARP Funds per HOME-ARP Unit:	<input type="text"/>
Total Development Cost per Unit (all units):	<input type="text"/>

**Application Information:**

Project Name:	<input type="text" value="SAMPLE Project"/>		
Project Address(es):	<input type="text"/>		
Project Address(es):	<input type="text"/>		
City:	<input type="text"/>		
State:	<input type="text" value="SC"/>	Zip:	<input type="text"/>
		Est. Start Date:	<input type="text"/>

Applicant/Owner Name:	<input type="text"/>		
Street Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip:	<input type="text"/>
Unique Entity Identifier:	<input type="text"/>		
Contact Person:	<input type="text"/>	Email:	<input type="text"/>
Telephone:	<input type="text"/>	Fax:	<input type="text"/>

Applicant Name:

Applicant Name:

**Development (cont.):**

Does this project involve any relocation of low-income tenants? Yes  No

If yes, will the tenants be **Temporarily** relocated? Yes  No  If yes, what percentage?

Will any low-income tenants be **Permanently** relocated? Yes  No  If yes, what percentage?

Vacant land only? Yes  No  If no, continue to the next question.

Buildings are vacant? Yes  No

Buildings last occupied?  Year built?

**Utility Allowance Calculation**

Source:

Utility Allowance (round total of these up to the nearest dollar):

Utilities	Gas/Elec/ Oil	Utilities paid by:		Enter allowances by Bedroom Size			
				1-BR	2-BR	3-BR	4-BR
Space Heating		Owner	Tenant				
Cooking		Owner	Tenant				
Lighting/Other		Owner	Tenant				
Air Conditioning		Owner	Tenant				
Hot Water		Owner	Tenant				
Elec. Facilities		Owner	Tenant				
Gas Facilities		Owner	Tenant				
Water		Owner	Tenant				
Sewer		Owner	Tenant				
Trash		Owner	Tenant				
Range		Owner	Tenant				
Refrigerator		Owner	Tenant				
Other:		Owner	Tenant				
<b>Total Utility Allowance for Units:</b>				-	-	-	-
<b>Total Utility Allowance (round UP to the nearest dollar):</b>							



Applicant Name: **SAMPLE Applicant**

Project Name: **SAMPLE Project**

**Proforma Income Statement:**

Rental Income	
From Extremely Low HOME Rent 30% AMI Income Units	-
From Low HOME Rent 50% AMI Income Units	-
From High HOME Rent 60% AMI Income Units	-
Other Income	-
<b>Total Annual Income</b>	<b>-</b>

Vacancy% <input type="text"/>	Vacancy Allowance =	-
	Effective Gross Income (EGI) =	-

**PLEASE REFER TO MANUAL FOR OPERATING COSTS REQUIREMENTS**

Administrative Expenses	
Marketing/Advertising	
Management Fee	
Legal/Partnership	
Accounting/Audit	
Licenses/Permits	
Compliance Monitoring Fees	
Supportive Services	
Other Admin. Expenses	
<b>Total Administrative</b>	<b>0.00</b>
<b>Percent of EGI</b>	

Maintenance Expenses	
Painting/Repairs	
Cleaning/Decorating	
Pest Control	
Grounds Maintenance	
Parking Lot Maintenance	
Playground Maintenance	
Common Area Maintenance	
Supplies	
Other Maintenance	
<b>Total Maintenance</b>	<b>0.00</b>
<b>Percent of EGI</b>	

Operating Expenses	
Elevator Maintenance	
Fuel/Gas	
Electricity	
Water/Sewer	
Trash Removal	
Payroll	
Payroll Taxes	
Insurance	
Telephone	
Security	
Operating Deficit Reserve	
Other Operating	
<b>Total Operating</b>	<b>0.00</b>
<b>Percent of EGI</b>	

Taxes	
Real Estate Taxes	
Other Taxes	
<b>Total Taxes</b>	<b>0.00</b>
<b>Percent of EGI</b>	

<b>Total Annual Expenses</b>	<b>0.00</b>
<b>Total Annual Expenses /Unit</b>	

Less Replacement Reserve	\$ -
<b>Replacement Reserve/Unit</b>	

<b>Net Operating Income</b>	<b>0.00</b>
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Applicant Name:

Project Name:

**Funding:**

Identify each source of debt and equity by Loan **Source**, Loan **Type**, and Loan **Status**, by entering the indicated codes listed below. **Attach a copy of the commitment letter**, indicating the specific amount and purpose of its funding behind the appropriate **Tab** in the Application package.

**Permanent Financing Structure**

Source Code:

Type:

- A Sumter County Regional HOME Consortium (HOME-ARP)
- B Housing Finance Agency
- C Federal Home Loan Bank
- D Conventional Financing
- E Owner Equity
- F Value of Donated Land (or appraised value in excess of purchase price)
- G Other:

- 1 Permanent Financing
- 2 Forgivable Loan
- 3 Grant
- 4 Other
- 5 Equity

Status:

- R Requested
- A Approved

	Source Code	Type	Status	Amount of Funds	Annual Debt Service	Interest Rate	Amortization Period (years)	Term of Loan (years)	Commitment Letter (Y/N)
1									
2									
3									

Total:

**Funding Sources:**

1	0	Source Name:	
	Source Address:		
	Source Contact Name:	Contact Telephone:	
2	0	Source Name:	
	Source Address:		
	Source Contact Name:	Contact Telephone:	
3	0	Source Name:	
	Source Address:		
	Source Contact Name:	Contact Telephone:	

Applicant Name: **SAMPLE Applicant** **SAMPLE Project**

**Development Costs:**

	Total Projected Cost	HOME-ARP ( SCRHC)	Source #2	Source #3	Donated Land Value
<b>Acquisition Costs</b>					
1. Land	0.00				
2. Existing Structures	0.00				
3. Other	0.00				
Subtotal	0.00	0.00	0.00	0.00	
<b>Site Costs</b>					
4. Demolition	0.00				
5. On-Site Improvements	0.00				
Subtotal	0.00	0.00	0.00	0.00	
<b>Construction Costs</b>					
6. New Building	0.00				
7. Rehabilitation	0.00				
8. General Requirements	0.00				
9. Contractor Profit & Overhead	0.00				
10. Other	0.00				
Subtotal	0.00	0.00	0.00	0.00	
<b>Professional Fees</b>					
11. Accountant	0.00				
12. Architect	0.00				
13. Engineer	0.00				
14. Surveyor	0.00				
15. Attorney	0.00				
16. Consultant	0.00				
17. Other	0.00				
Subtotal	0.00	0.00	0.00	0.00	
<b>Interim Costs</b>					
18. Hazard/Liability Insurance	0.00				
19. Interest	0.00				
20. Payment/Performance Bond	0.00				
21. Title/Recording/Legal Fees	0.00				
22. Other	0.00				
Subtotal	0.00	0.00	0.00	0.00	
<b>Financing Fees and Expenses</b>					
23. Credit Report	0.00				
24. Loan Origination/Closing	0.00				
25. Title/Recording/Legal Fees	0.00				
26. Other	0.00				
Subtotal	0.00	0.00	0.00	0.00	
<b>Soft Costs</b>					
27. Appraisal	0.00				
28. Market Study	0.00				
29. Environmental Review	0.00				
30. Soil Testing	0.00				
31. Relocation Expenses	0.00				
32. Other	0.00				
Subtotal	0.00	0.00	0.00	0.00	
<b>Development Reserves (PLEASE SEE MANUAL FOR REQUIREMENTS)</b>					
33. Rent-up Reserve	0.00				
34. Operating Reserve	0.00				
35. Dev Fees (Acquisition/Rehab)	0.00				
36. Dev Fees (New Cons.)	0.00				
37. Other	0.00				
Subtotal	0.00	0.00	0.00	0.00	
38. <b>TOTALS</b>	<b>0.00</b>	0.00	0.00	0.00	0.00



Applicant Name:

Project Name:

**Cost Summary:**

Hard Construction Costs =

Hard Costs =

Hard Costs / Total Development Costs =

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**Contractor Cost Limits:**

General Requirements / Hard Construction Costs =

Contractor Profit and Overhead / Hard Construction Costs =

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**Developer Fee Limits:**

**New Construction and Rehabilitation:**

$\frac{\text{Developer Fee} + \text{Developer Overhead} + \text{Consultant Fees}}{\text{Adjusted Development Costs}^*} =$

**Acquisition:**

$\frac{\text{Developer Fee} + \text{Developer Overhead} + \text{Consultant Fees}}{\text{Adjusted Development Costs}^*} =$

\* Adjusted Development Costs **exclude** Land, Consulting Fees, Developer Fees and Overhead when calculating Developer Fee limits.