

# Montgomery County Housing Advisory Board Application

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The Montgomery County Housing Advisory Board (HAB) advises and makes recommendations to the Montgomery County Board of County Commissioners (BCC) on issues affecting affordable housing development and assists the County in developing new programs and policies in order to foster the development and preservation of attainable housing. Although the HAB's approval is not statutorily required, the practice of the BCC has been to use the HAB and its field of experts to review proposals for bond issues and state tax credits and make recommendations on the projects to them.

As part of this process, The Montgomery County Housing Advisory Board is responsible for evaluating requests for funding and requires applicants to submit proposals for Board review. Applications can be obtained from the Montgomery County Website at:

[http://www.mcoho.org/departments/human\\_services\\_planning\\_and\\_development/housing\\_advisory\\_board.php](http://www.mcoho.org/departments/human_services_planning_and_development/housing_advisory_board.php)

Applications are due **Tuesday, January 19, 2021 by noon** using the guidance on the following pages. Please submit electronic applications to Jenny Lesniak at [lesniakj@mcoho.org](mailto:lesniakj@mcoho.org). For additional questions call 225-4631.

## **2021 Application Submission Deadline**

January 19, 2021

## **2020 HAB Meeting Schedule**

January 21, 2021

## **REVIEW CRITERIA**

Applications will be reviewed for completeness and compliance with HAB requirements. The following criteria will be utilized by the Housing Advisory Board in the review of projects:

- 1) Owner Experience and Capacity
- 2) Management Company Performance, Track Record, and Performance of Existing Properties
- 3) Position of Local Jurisdiction
- 4) Consistency with Montgomery County's Consolidated Plan
  - a. Improves the link between employment opportunities and housing
  - b. Expands the supply of affordable housing for families
  - c. Uses creative financing to provide units affordable to those earning 30% of median income
  - d. Conserves existing market rate rental housing
  - e. Provides choice to elderly and those with special needs

## **REQUESTED DOCUMENTATION**

- Letter from Local Jurisdiction (if available)
- Tenant Selection Criteria (if available)
- Affirmative Fair Housing Plan
- HAB Application Form or OFHA Application Forms\*

\*Where any of the application elements have already been completed for an OFHA application, excerpts of the application may be provided.

# **Submission Protocol**

Information must be submitted in the following order and labeled accordingly.

## **Section 1**

- General Information
- Project Information

## **Section 2- Project Narrative-C**

- Part 1. Project Summary

## **Section 3- Project Narrative-C**

- Part II. Project timeline

## **Section 4- Project Narrative- C**

- Part III. Project Site Control, Zoning, and Environmental Issues

## **Section 5- Project Feasibility/Financing- D**

## **Section 6-Organizational Track Record/Development Capacity-E**

## **Section 7- Requested Documentation**

- Letter from Local Jurisdiction (if applicable)
- Tenant Selection Criteria (if applicable)
- Affirmative Fair Housing Plan
- HAB Application Form or OFHA Application Forms

**A. GENERAL INFORMATION**

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_

Project Manager – Name & Title: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

**B. PROJECT INFORMATION**

Proposed project name: \_\_\_\_\_

Address: \_\_\_\_\_

Taxing Jurisdiction: \_\_\_\_\_

Number of Buildings: \_\_\_\_\_ Number of Units: \_\_\_\_\_

Rehab Cost per Unit: \_\_\_\_\_

Unit Breakdown and Size:	Number	Size
One (1) Bedroom apartment:	_____	_____
Two (2) bedroom apartment:	_____	_____
Three (3) or more Bedroom Apartment:	_____	_____
Single-Family House or Townhouse:	_____	_____

Tax Credit Support in the amount of: \_\_\_\_\_

Or

Bond Issue in the amount of: \_\_\_\_\_

Montgomery County HOME Capital funding support request: \_\_\_\_\_

## C. PROJECT NARRATIVE

### **PART I: PROJECT SUMMARY**

Please provide a Project Summary. Text should be limited to two pages. Your response must address the following areas\*:

1. Provide a detailed description of the project, including the type of housing and the population to be served (including target income level and special needs populations), and proposed numbers of buildings and units in each building.
2. If the project involves construction or rehabilitation, please attach photos of the site and sketches or drawing of the proposed project as well as a detailed description of the rehab including a proposed cost breakdown.
3. If the project involves the provision of services, briefly describe the services to be provided.
4. Describe how the community impacted by this project has been involved in the planning process. Is there local government support?
5. How does this project meet the needs of low- and moderate-income residents, the neighborhood, community or area?
6. If the project requires a disability to be eligible for housing, briefly describe how the project will meet the requirements of the Olmstead Act. Does the housing program perpetuate assumptions that residents are incapable or unworthy of participating in the community? Examples of program characteristics that do not uphold Olmstead include- 1) limited community involvement through curfews, on site meals; 2) mandatory services and required service plans; 3) limited interaction with people outside of the living environment except service providers; 4) diagnosis specific housing; 5) requiring people to move-on if they succeed; 6) conditions of tenancy beyond a normal lease.

*\* Please be sure to address how project is consistent with and implements elements of the Montgomery County Consolidated Plan.*

**C. PROJECT NARRATIVE****PART II: PROJECT TIMELINE**

Please complete a timeline for the project, indicating critical events, such as construction start/finish dates, lease up/sales, etc.

MONTH	EVENT(S)

**C. PROJECT NARRATIVE**

**PART III: PROJECT SITE CONTROL, ZONING, & ENVIRONMENTAL ISSUES**

1. **Site Control is in the form of:**

- Deed
- Purchase Agreement
- Option (Expiration Date \_\_\_\_\_)
- Other \_\_\_\_\_

2. **Site is currently zoned:** \_\_\_\_\_

3. **Is the zoning appropriate for your project?**

- Yes                       No

If no, is rezoning currently in process and when is it anticipated that this issue will be resolved?

Date \_\_\_\_\_

Have all building, zoning, or property maintenance code violations been addressed or be addressed as part of the rehab?

\_\_\_\_\_

4. **Briefly describe Environmental Assessment activities that have been conducted, particularly note lead and asbestos findings or abatement activities.**

\_\_\_\_\_  
\_\_\_\_\_

#### **D. PROJECT FEASIBILITY/FINANCING**

Please provide a Project Feasibility/Financing Summary. Text should be limited to one page. Your response must address the following areas:

1. Explain the feasibility and marketability of this project.
2. What other funding sources have been sought and/or committed to this project?
3. Is the cost per square foot or per unit reasonable for this type of project? Justify your response.
4. Please attach the following Items:
  - Sources and Uses Statement
  - Development Budget
  - Rehab/Construction Budget
  - Project 5-Year Pro-Forma with rent level by unit size and number of units
  - Comprehensive Needs Assessment

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## **E. ORGANIZATIONAL TRACK RECORD/DEVELOPMENT CAPACITY**

Please provide a Capacity and Expertise Summary. Text should be limited to one page. Your response must address the following areas:

1. Does your organization or partner organization have experience with similar projects?
2. Describe your fiscal management capabilities.
3. Are there any claims, legal actions, or alleged violations of any local, state or federal laws?
4. Provide a list of all other properties owned or managed with a description of physical condition, sources of funding, and any fair housing complaints.
5. Attach a copy of Tenant Selection Criteria (if available)

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