

## **NSP MULTI-FAMILY DEVELOPMENT APPLICATION PROCESS**

### **Submission of Application**

**The documents listed below must be attached to the Loan Application when submitted to our office.**

**Applications will not be processed until all of the documents and information have been provided.**

### **CHECKLIST:**

1. Completed Application with a proposed Sources & Uses Schedule
2. Pro-Forma Operating Budget (15 year)
3. Evidence of Site Control, i.e., Purchase Agreement, Deed, etc.
4. Commitment letters from all additional funding sources (both construction and permanent financing).
5. Appraisal must be dated within six (6) months of the application
6. Photographs of the building if constructed prior to 1940. At a minimum, a photo of the front, both sides, the rear of the house, and of the interior rooms are required.
7. Evidence of a Lead- Based Paint Inspection on any property built prior to 1978.  
**NOTE: At the completion of the rehabilitation, a lead-based paint clearance must be submitted to the Housing Services Division Rehabilitation Staff indicating there are NO lead-based paint hazards remaining in or on the property.**
8. A copy of the Property Survey.
9. Copy of Wood Destroying Organism (W.D.O.) Report.
10. Two (2) years of audited financial statements

## **GENERAL PROCESSING STEPS**

1. When the application is received, it will be date stamped for receipt. The application will be reviewed for completeness and, if there are missing documents, the applicant will be notified that additional documents are needed in order to complete the evaluation for funding.
2. An Initial Inspection will be requested from the NSP Project Manager.
3. A title search, environmental site assessment & appraisal will be ordered.
4. If project meets preliminary approval criteria, a Lead-Based Paint Inspection of the property will be ordered
5. When all pre-approval reports are completed and submitted to NSP staff, the project will be evaluated in accordance with professionally accepted underwriting standards and practices.
6. The applicant will meet with a Compliance Monitor to review the long-term affordability provisions and to sign all certifications.
7. The entire package, along with a staff recommendation, will be forwarded to the Director for approval.

# APPLICATION FOR NEIGHBORHOOD STABILIZATION MULTI-FAMILY PROGRAM

## PROJECT SUMMARY

### A. TYPE OF APPLICANT

Individual(s) ( ) Corporation ( ) Joint Venture Partnerships/(General and Limited)  
Non-Profit Organization ( )

### B. APPLICANT DATA

Name of Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Co-Applicant \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
For Additional Information Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### C. PROJECT DATA

Street Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
City Council District: \_\_\_\_\_  
Acquisition Cost: \_\_\_\_\_  
Rehabilitation Cost: \_\_\_\_\_  
Total Project Cost: \_\_\_\_\_ Total Number of Units \_\_\_\_\_  
Amount of Funds requested: \_\_\_\_\_

#### Structure Type:

☐ Townhouse ☐ Garden Style ☐ Detached  
☐ High Rise ☐ Other (explain)

Age of Structure: \_\_\_\_\_ Zoning Classification \_\_\_\_\_  
Is site properly zoned for your development? Yes\_\_\_ No\_\_\_  
If no, is site currently in process of re-zoning? Yes\_\_\_ No\_\_\_

### D. UNIT RENTS

Three-Bedroom/1-1/2-Bath	/	
Three-Bedroom/Two-Bath	/	
Three-Bedroom/2-1/2-Bath	/	
Other		
Size Breakdown	Number Units by Type Before/After	Square Footage
One-Bedroom/One-Bath	/	
Two-Bedroom/One-Bath	/	
Two-Bedroom/1-1/2-Bath	/	
Three-Bedroom/One-Bath	/	

### TYPE AND

**NOTE:** Proposed rents may be less than the High HOME rents, but not more. Please refer to the HOME rent limits found on page 9. Complete the chart below for the units with High HOME rents for tenants at 60% of median income.

A #of Bdrms	B #of Units	C High HOME Rent	D. Low HOME Rent	E Utility Allowance	F Maximum HOME Rent (C or D - E)	G Proposed Rent
0		\$		\$	\$	\$
1		\$		\$	\$	\$
2		\$		\$	\$	\$
3		\$		\$	\$	\$
4		\$		\$	\$	\$
5		\$		\$	\$	\$
TOTAL						

## SCOPE OF WORK

Briefly describe on a separate piece of paper the types of rehabilitation needed. If you have approved plans, drawings, or photos please attach them. **Please note: All jobs must be placed out for bid following City procedures and federal procurement guidelines.**

## FINANCIAL FEASIBILITY

### EXISTING DEBT INFORMATION:

#### First Mortgage

Date: \_\_\_\_\_ Lender: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Monthly Principal and interest: \_\_\_\_\_  
Unpaid Principal Balance: \_\_\_\_\_

#### SECOND Mortgage

Date: \_\_\_\_\_ Lender: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Monthly Principal and interest: \_\_\_\_\_  
Unpaid Principal Balance: \_\_\_\_\_

Property Appraisal (attach a copy, should be dated within 6 months)

**(NOTE: A current independent After-Rehabilitation appraisal will be required after the contractor's bid is received.)**

Appraised value: \$ \_\_\_\_\_  
Date: \_\_\_\_\_  
By: \_\_\_\_\_

#### Property Taxes

Are property taxes current Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, provide a copy of current property tax receipt.  
If no, how much is due: \$ \_\_\_\_\_

#### Property Insurance

Insured by: \_\_\_\_\_  
Policy number: \_\_\_\_\_  
Contact: \_\_\_\_\_

## G. FUNDING SOURCES

Total Amount of funds requested: \$ \_\_\_\_\_

Owner's Equity Investment: \_\_\_\_\_

SOURCE	AMOUNT
a.	\$
b.	\$
c.	\$
d.	\$
e.	\$
f.	\$
TOTAL	\$

## PROGRAM INCOME LIMITS

Effective 3/23/09

HOUSEHOLD SIZE	30% OF MEDIAN	40% OF MEDIAN	50% OF MEDIAN	60% OF MEDIAN	80% OF MEDIAN	120% OF MEDIAN
1 person	13,700	18,240	22,800	27,360	36,450	54,270
2 persons	15,650	20,840	26,050	31,260	41,700	62,520
3 persons	17,600	23,440	29,300	35,160	46,900	70,320
4 persons	19,550	26,040	32,550	39,060	52,100	78,120
5 persons	21,100	28,120	35,150	42,180	56,250	84,360
6 persons	22,700	30,200	37,750	45,300	60,450	90,600
7 persons	24,250	32,280	40,350	48,420	64,600	96,840
8 persons	25,800	34,360	42,950	51,540	68,750	103,080

## PRO FORMA OPERATING BUDGET

Complete the PRO FORMA OPERATING BUDGET and submit with the application.  
This form will help in determining the financial feasibility of the project. **NOTE: Line 6 is 10% of Line 1. Line 30 is 5% of Line 1.**

<b>OPERATING INCOME</b>	<b>ANNUAL AMOUNT</b>
1. Gross Rent Potential	
2. Monthly payment on Mortgage	
3. Vacancy Allowance (10% of Line 1)	
4. Effective Gross rent <b>(Line 1 minus Line 2)</b>	
5. Other Income	
6. Reserve for Bad Debt (10% of Line 1)	
<b>Effective Gross Income (Lines 5&amp;6 minus Line 4)</b>	
<b>OPERATING EXPENSES-MANAGEMENT</b>	<b>ANNUAL AMOUNT</b>
8. Management Fee	
9. Management Staff Costs	
10. Legal Fees	
11. Accounting/Audit Fees	
12. Advertising/Marketing	
14. Administrative Expenses	
<b>Subtotal</b>	
<b>MAINTENANCE</b>	<b>ANNUAL AMOUNT</b>
15. Maintenance Staff Costs	
16. Elevator (if applicable)	
17. Other Mechanical Equipment (specify)	
18. Repairs and Supplies	
19. Exterminating	
20. Lawn and Landscaping	
21. Garbage/Trash Removal	
22. Other (specify)	
<b>Subtotal</b>	

<b>UTILITIES</b>	<b>ANNUAL AMOUNT</b>
23. Electricity	
a. Residential	
b. Commercial areas	
c. Common areas	
24. Sewer and Water	
<b>Subtotal</b>	
<b>TAXES/INSURANCE/RESERVE</b>	<b>ANNUAL AMOUNT</b>
25. Property Insurance	
26. Real Estate Taxes	
27. Reserve for replacement <b>(5% of Line 1)</b>	
<b>Subtotal</b>	
<b>Total Operating Expenses (Lines 8 thru 27)</b>	
<b>PROJECT FEASIBILITY</b>	
Effective Gross Income	
Minus Total Operating Expenses	
Net Operating Income	
Annual Debt Service Payment required by City	
Debt Coverage Ratio	



RENT LIMITS EFFECTIVE FEBRUARY 2008  
 FAIR MARKET RENTS (INCLUDES UTILITIES): 02/2008

<b>BDRMS</b>	<b>0BR</b>	<b>1BR</b>	<b>2BR</b>	<b>3BR</b>	<b>4BR</b>	<b>5BR</b>	<b>6BR</b>
LOW HOME RENT	570	610	732	846	943	1041	1139
HIGH HOME RENT	685	773	907	1066	1169	1272	1375
FAIR MARKET RENT	685	777	907	1138	1303	1498	1694
EXISTING HOUSING ALLOWANCE FOR TENANT FURNISHED UTILITIES AND OTHER SERVICES (JACKSONVILLE, FLORIDA)						Date: 04/27/09	

<b>MULTI-FAMILY DWELLING</b>	<b>MONTHLY DOLLAR ALLOWANCE</b>
------------------------------	---------------------------------

<b>UTILITY</b>	<b>0BR</b>	<b>1BR</b>	<b>2BR</b>	<b>3BR</b>	<b>4BR</b>	<b>5BR</b>	<b>6BR</b>
----------------	------------	------------	------------	------------	------------	------------	------------

<b>CODE</b>	<b>FUEL FOR HEATING</b>							
A	Natural Gas	12	22	24	28	36	41	44
B	Bottle Gas	22	24	28	35	38	46	52
C	Oil	15	17	19	23	26	28	32
D	Electric	16	20	22	25	29	33	35
<b>CODE</b>	<b>FUEL FOR COOKING</b>							
A	Natural Gas	12	12	14	14	22	22	23
B	Bottle Gas	10	10	13	13	19	19	22
D	Electric	8	8	10	10	13	13	14
<b>CODE</b>	<b>FUEL FOR WATER HEATER</b>							
A	Natural Gas	13	22	23	24	26	28	31
B	Bottle Gas	22	24	26	28	36	38	41
D	Electric	13	15	16	20	21	23	24
<b>CODE</b>	<b>OTHER TENANT PAID ELECTRIC</b>							
A	Lighting, Refrigerator, etc.	13	14	15	16	17	20	21
A	Air Conditioner	8	13	14	16	21	23	23
<b>CODE</b>	<b>TENANT PAID UTILITIES</b>							
A	Water	6	6	8	11	13	15	17
A	Sewer	10	10	13	16	19	23	26
A	Trash Collection	3	3	3	3	3	3	3
<b>CODE</b>	<b>TENANT PROVIDED APPLIANCES</b>							
A	Range	3	3	3	3	3	3	3
A	Refrigerator	3	3	3	3	3	3	3

**ACTUAL FAMILY ALLOWANCES  
PER MONTH**

**UTILITIES SERVICE**

Name	HEATING	\$
	COOKING	\$
	OTHER ELECTRIC	\$
	WATER HEATING	\$
Address of Unit:	WATER	\$
	SEWER	\$
	TRASH COLLECTION	\$
	RANGE	\$
	REFRIGERATOR	\$
	AIR CONDITIONING	\$
	OTHER (SPECIFY)	\$
Number of Bedrooms in Unit	Total	\$

**ACKNOWLEDGEMENT OF LIFE SAFETY REQUIREMENTS**

**EXCERPTS FROM CITY ORDINANCE CODE 321**

The following Life Safety Requirements must be met and will be factored in to the funding costs in planning the rehabilitation of the property stated in this application. Prior to any Certificate of Occupancy being issued for the property, the City Building Division will inspect the property and determine the eligibility for occupancy from the following list:

**Life Safety Requirements:**

1. Solid Core 1 ¾" doors (Exterior). Door closers on apartment doors to corridors.
2. Window to meet egress 5.7 sq. ft – minimum 20 inches wide, 24 inches high. Max 44" from floor to bottom of window. **(Multi-family only)**.
3. Guard Rails 42" high with 4" maximum between pickets or other open spaces. Handrail height 30" to 38". Top rail maximum 2" diameter and a Maximum 6 ¼" perimeter dimension. **(Multi-family only)**
4. Smoke detectors **(must be hard wired)**. **(Multi-Family only)**
5. Fire walls are required on apartments with 3 or more than units, and 3 Stories or more, (if no fire alarm system, code 19-3.4.1).
6. Fire wall required on one exit door units.

7. Exit lights and emergency lighting (if none, code 7-1.2).

**NOTE: The above codes may also apply to single family detached dwellings.**

**NOTE: Burglar Bars with locks are illegal. Burglar Bars will not be included in the rehabilitation costs.**

All buildings, structures, establishments, facilities, equipment, or vehicular equipment over which the State Fire Marshal has jurisdiction which are in existence on or after the effective date of the adoption of the codes and standards adopted, shall conform to the requirements of those codes and standards within a reasonable period of time. It is understood that the correction of some fire safety violations will necessitate the employment of design professionals while other violations can be expeditiously resolved. "Within a reasonable time" is defined as the amount of time it would normally take to correct a specific fire code violation under the assumption that the property owner would begin to correct said violations upon receipt of an official document from the enforcing agency.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**IMPORTANT: PLEASE READ BEFORE SIGNING**

**CERTIFICATION**

**APPLICANT/CO-APPLICANT**

I/We certify that all information in this application and all information furnished in this application and all information furnished in support of this application is given for the purpose of obtaining financial assistance under the Neighborhood Stabilization Multi-Family Development Program and is true and complete to the best of the applicant's knowledge and belief.

The Applicant understands and agrees that if false information is provided in the application which has the effect of increasing the applicant's competitive advantage, the City of Jacksonville ("The City") will deem the applicant ineligible for any further City funds and will terminate the applicant's contract and recapture all funds expended.

The Applicant shall not, in the provision of services, or in any other manner, discriminate against any person on the basis of race, color, creed, religion, sex, national origin, age, financial status or handicap.

Verification of any of the information contained in this application may be obtained from any source named herein. The City reserves the right to require audited financial statements of each development team member as part of its underwriting process.

The Applicant will at all times indemnify and hold harmless the City against all losses, costs, damages, expenses and liabilities of any nature directly or indirectly resulting from, arising out of or relating to the City's acceptance, consideration, approval, or disapproval of this request and the issuance or non issuance of City funds herewith.

The City retains the right to reject any and all proposals, and, in its sole determination, to waive minor irregularities. Further, applicant acknowledges by execution of this certificate that the City reviews these applications and reaches its determination with the fullest discretion allowable by law.

The Applicant further certifies that he/she nor its principals is presently debarred, suspended, proposed for disbarment, declared ineligible or voluntarily excluded from HUD programs.

IN WITNESS WHEREOF, the undersigned, being duly authorized, has caused this document to be executed in its name on the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

Applicant Signature

Co-Applicant Signature



## Income Eligibility and Rent Limits Certification

I, the Certifying Representative of \_\_\_\_\_,  
located at: \_\_\_\_\_, affirm that I have been awarded funds  
that are applicable to federal laws, rules and regulations for compliance with income  
eligibility and rent limitations for Neighborhood Stabilization multi-Family Program  
Projects, and I further affirm that I have received technical assistance by a Compliance  
Monitor to assist me in ensuring continued compliance.

_____	_____	_____	_____
Witness	Date	Signature of Recipient	Date

_____	_____
Witness	Date

I certify that I have conducted technical assistance in income eligibility and rent  
compliance with \_\_\_\_\_, located at:  
\_\_\_\_\_.

_____	_____
Signature of Compliance Monitor	Date



# Office of the Sheriff

Jacksonville, Florida

## Crime Free Multi-Housing Program



The Jacksonville Sheriff's Office has implemented a community program called the **Jacksonville Crime Free Multi-Housing Program**. The program, which is endorsed by Sheriff John Rutherford, is a partnership between the Jacksonville Sheriff's Office, owners, managers and residents of our apartment communities. Our goal is to keep drugs and other illegal activity out of our communities.

### Crime Free Multi-Housing Program Overview

The program was successfully developed by the Mesa Arizona Police Department in 1992. The International Crime Free Multi-Housing Program has spread to nearly 2,000 cities in 44 states, 5 Canadian Provinces, and other countries.

The program consists of three phases that must be completed under the supervision of the Jacksonville Sheriff's Office.

- **Phase 1 – Management Training**

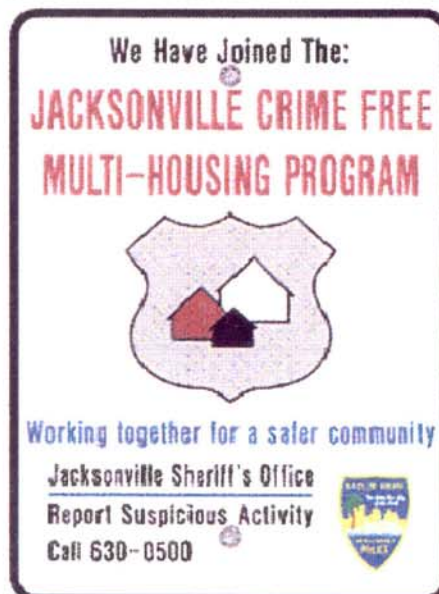
- Property Managers, owners and staff receive eight hours of training in the operation of the Crime Free Multi-Housing Program.
  - Training consists of the following:
    - Crime Prevention Techniques
    - CPTED (physical security of their communities)
    - Benefits of resident Screening
    - Lease agreements and eviction issues
    - Crime Free Lease Addendum
    - Addressing drug activity and crime on their property
    - Training the community in crime awareness

- **Phase 2 – CPTED Survey**

- A general CPTED (Crime Prevention through Environmental Design) survey is conducted on the apartment property.
  - A minimum safety standard must be met to participate in the Crime Free Multi-Housing Program. The following items are the minimum standards;
    - 180 degree eye viewers in all front doors
    - One inch deadbolts on all exterior doors
    - Minimum of two inch screws in strike plates on exterior doors (exception; steel framed door jambs)
    - Lift and slide protection on windows (accessible)
    - Lift and slide protection on sliding doors (accessible)
    - Adequate security lighting in working order (throughout the property)

- Properly trimmed landscaping throughout the property (3 and 7 foot rule – bushes and shrubbery trimmed below 3 feet and trees trimmed up to 7 feet)
  - Inoperable or expired vehicles tagged and removed from the property
  - A visible display of property address, seen from the roadway
- **Phase 3 – Resident Crime Prevention Meeting**
    - The apartment management must conduct an annual crime prevention meeting with their residents.
    - Community awareness and continuous participation is encouraged
- **Certification**
    - Apartment communities that successfully complete all three phases of the training are permitted to post signs on their properties (see example sign below).
    - Certified properties will also be given the following:
      - Authorization to use the Crime Free Logo in advertising and marketing of their property.
      - Once operable, apartment managers will receive daily e-mail notifications from JSO, providing calls for service information on their property.
      - JSO will place a list of certified properties on the JSO website.
    - If a property fails to keep their standards, at our minimum level, their certification will be revoked

### **Sample Certified Membership Sign**





- **Apartment Benefits**

- An increased demand for rental units, with a reputation as having an active management staff.
- A stable, more satisfied resident base.
- Lower maintenance and repair costs.
- An increase in overall property values.
- Improved personal safety for residents, managers and staffs.
- Peace of mind that comes from spending more time on routine management and less time on crisis control.

Thank you,

**Officer John T. Prevost #7432**

Jacksonville Sheriff's Office – Zone 3

**Crime Free Multi-Housing Unit**



(904) 739-1051 Crime Free Unit Office

(904) 828-5467 Zone 3 Sub Station

(904) 828-5465 Zone 3 Fax

Email: [john.prevost@jaxsheriff.org](mailto:john.prevost@jaxsheriff.org)

In case of an emergency - dial 911

JSO non-emergency number - 630-0500

