## **NYS HOME Local Program Administrative Plan Questions**

## **Manufactured Housing Replacement**

**Instructions:** Applicants must respond to the questions below. Applicants are strongly encouraged to read the NYS HOME Local Admin Plan Manufactured Housing Replacement (<https://hcr.ny.gov/nys-home-program>) prior to answering these questions.

* Please provide clear, concise, detailed responses. All responses must be typed in 12-point Arial font with normal page margins.
* Question number one (Q1) is the same for all activities and is designed to create one- page summary of the program as well as give the reviewer an overview of the who, what, when, where, and how of the proposal. This description will also assist in the preparation of the Tier 1 Environmental Review should the application be awarded. Applicants may provide up to a 1-page response for Q1.
* For all other questions, each response may be no longer than ½ page.
1. Please respond in the order of the questions, as applicable:
2. HOME eligible activity to be performed (Manufactured Home Replacement)
3. Total number of units to be assisted
4. Location of proposed program area
5. What specific assistance will be provided to the low-income beneficiary of the HOME assistance? (What will the HOME funds be used for specifically?)
6. Who are your partners?
7. What other funding sources are included?
8. Will the program serve a special needs population?
9. What is already in place to begin the program?
10. Will the program include substantial or moderate housing rehabilitation?
11. Will the program include new construction or conversion?
12. Will there be ground disturbance/tree cutting/site work included in the scope of work?
13. What is the expected timeline for rehabilitation or construction?
14. Will there be an increase in density?
15. Are the proposed HOME assisted units currently occupied or vacant?
16. What else should be known that makes this program unique or assists with describing the need and/or capacity to serve the community?
17. Describe the priority household type(s), including special needs or other target

 populations and/or the target area.

1. Provide a description of the local market conditions using current local data sources for

 the service area that justifies the need for manufactured housing replacement in the area

 to be served.

1. Complete the following 8 quarter plan for unit production. This will become part of the

 contract if awarded.

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| --- | --- | --- | --- | --- |
| Period | Estimated # of applicants qualified for assistance | Estimated # of units ordered from the manufacturer | Estimate # of units completed in IDIS | Estimate total HOME expenditures |
| Quarter 1 |       |       |       |       |
| Quarter 2 |       |       |       |       |
| Quarter 3 |       |       |       |       |
| Quarter 4 |       |       |       |       |
| Quarter 5 |       |       |       |       |
| Quarter 6 |       |       |       |       |
| Quarter 7 |       |       |       |       |
| Quarter 8 |       |       |       |       |
| TOTALS |       |       |       |       |

1. Describe the total amount of HOME funds to be invested per unit and how this estimate

 was obtained.

1. Describe the expected per unit cost to meet the permanent foundation requirement and

 how this requirement will be met. Describe the program’s method for installing a

 permanent foundation.

1. Will the applicant charge for Administrative costs and/or Project Delivery? If no, how will

 these expenses be covered?

1. Describe where the applicant will incorporate the HTFC note and mortgage terms and

 conditions into the program materials and ensure the homeowner understands the terms

 and conditions.

1. Explain the schedule and process for the applicant to execute and publicly record the note and mortgage.
2. What method of income determination will be used and why? How will income

 determinations be conducted?

1. Does the applicant have a current waiting list in which all applicants have been pre-

 qualified within the past 6 months? If yes, describe the list and how the applicants were

 deemed eligible.

1. Describe the legal documents the applicant will require of the homeowner to verify

 ownership and primary residence.

1. Describe the applicant’s definition of a sub-standard manufactured or mobile

 housing unit.

1. Describe the method that will be used to determine the after-rehab value.
2. Describe temporary relocation and other fees related to relocation (storage) that

 are expected per unit.

1. Describe how the scope of work and in-house cost estimate will be prepared.
2. Describe how the new manufactured housing units will be procured.
3. Describe coordination with the manufactured home dealer, installer of the new unit,

 contractors providing ancillary work and required inspections during the replacement

 process.

1. Describe when the required written agreement between the homeowner and applicant committing funds to the project will be signed. Describe what the applicant’s written agreement details.
2. Has the applicant received a HOME award(s) within the past 3 years? If yes, please list

 the SHARS ID(s).

1. Was more than 25% of any award listed above deobligated? If yes, please explain why funds were not expended within the 2-year contract term, how much was deobligated, and what actions were taken to address the issue. Please explain why this is no longer a concern and how the applicant can successfully administer a new HOME contract if awarded.
2. Were any of the awards listed above granted an extension? If yes, please explain the circumstances surrounding the request.