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

## **Owner Occupied Rehabilitation - with or without Rental Units**

**Instructions:** All applicants must respond to the questions in Section I to provide rehabilitation without rental units. Applicants proposing to include the rehabilitation of rental units as a part of the owner occupied rehabilitation must also respond to the questions in Section II. Applicants are strongly encouraged to read NYS HOME Local Admin Plan for Owner Occupied Rehabilitation (<https://hcr.ny.gov/nys-home-program>) prior to answering these questions.

* Please provide short, 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.

Q1. Please respond in the order of the questions, as applicable:

## HOME eligible activity to be performed (Owner Occupied Rehabilitation - with or without Rental Units)

1. Total number of units to be assisted
2. Location of proposed program area
3. What specific assistance will be provided to the low-income beneficiary of the HOME assistance?
4. Who are your partners?
5. What other funding sources are included?
6. Will the program serve a special needs population?
7. What is already in place to begin the program?
8. Will the program include substantial or moderate housing rehabilitation?
9. Will the program include new construction or conversion?
10. Will there be ground disturbance/tree cutting/site work included in the scope of work?
11. What is the expected timeline for rehabilitation or construction?
12. Will the program include acquisition?
13. Will there be an increase in density?
14. Are the proposed HOME assisted units currently occupied or vacant?
15. What else should be known that makes this program unique or assists with describing the need and/or capacity to serve the community?

**Section I**

**Owner Occupied Rehabilitation (all)**

1. Describe the priority household type(s), including special needs or other target populations and/or the target area.
2. Provide a detailed description and document, using current local data sources for the service area, the market need for the rehabilitation program being proposed.
3. Describe the total amount of HOME funds to be invested per unit and typical housing rehabilitation work expected.
4. Will the program be charging HOME for Administrative costs and/or Project Delivery? If no, how will these expenses be covered? If yes, how were these costs estimated?
5. Complete the following 8 quarter plan for unit production. This will become part of the contract if awarded.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Period | Estimate # of applicants qualified for assistance | Estimate # of units with housing rehabilitation in progress | 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 who will complete the Environmental Tier 2 Review and the process that will be followed.
2. Describe the terms of the note and mortgage, how the applicant will ensure homeowner will understand the terms and conditions and explain the schedule and process for how it will be publicly recorded.
3. 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.
4. Does the applicant have a current waiting list in which all applicants have been

prequalified within the past 6 months? Describe.

1. Describe the method that will be used to determine the after-rehab value.
2. What method of income determination will be used and why? How will income determinations be conducted?
3. Describe how the applicant will ensure the unit meets NYS and/or Local Code upon completion.
4. Describe how the applicant will determine the order of priority for housing rehabilitation and incorporate recommendations from an energy audit into the scope of work.
5. Describe how the in-house cost estimate will be prepared and how the LPA will outreach to and procure contractors.
6. Describe the expected general timeline for rehab work to be completed and how the applicant arrived at that estimate? Does the applicant have experience with rehab projects?
7. Describe any situations where the need for temporary relocation assistance may be anticipated for this program and the expected per unit cost.

Q17. Has the applicant received a HOME award(s) within the past 3 years? If yes, please list the SHARS ID(s).

Q18. 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.

Q19. Were any of the awards listed above granted an extension? If yes, please explain the circumstances surrounding the request.

**Section II**

Owner Occupied Rehabilitation with Rental Units

1. Describe how cost allocation will be implemented if needed and when.
2. Describe how ongoing period of affordability requirements will be monitored for rentals. What will be reviewed and when?
   1. Leases
   2. Rents
   3. Tenant income recertification
   4. Inspections
3. Describe how the applicant will determine that the owner can sustain the ownership and operation of the property, including the rental unit(s).