

HOME-ARP 2026 APPLICATION MANUAL

INSTRUCTIONS

Users and Access

Username. All users must have own username. Username requests shall be submitted through the online Application by selecting “request one”. Username and passwords must not be shared.

Granting Access. Each Applicant shall be responsible for granting and removing Application access to each user. The person who creates the Application shall be the “creator” and shall be responsible for granting and removing Application access to authorized users. IFA recommends that a regular review of users’ access to each Application be completed by Applicants.

Overview

Application Tabs. Complete entry of each Application Tab, save, upload required exhibits to the threshold Application, and submit.

The **red X** on each Tab will change to a **green check mark** when all information is entered correctly and saved. Some Tabs will have a **red X** until each tab with corresponding requirements have been entered.

If a **red X** remains and no error message was received when “Submit” was selected, go back to the tab with the **red X** and save.

Prior to Application Submittal. Questions regarding an interpretation or clarification of the HOME-ARP policies/procedures/rules may be submitted to home-arp@iowafinance.com. The questions and answers will be placed on the 2026 HOME-ARP Round webpage. Please do not contact a HOME-ARP staff directly.

Binding Obligations. The representations made in the Application shall bind the Applicant and shall become a contractual obligation of the Developer and the Ownership Entity and any Entity the Developer or the Ownership Entity is representing in the presentation of the Application or a successor in interest in the event HOME-ARP funds are awarded to a proposed Project.

Complete Application. Complete Applications for HOME-ARP under the current funding round are required to be submitted through the online Application **by 4:00 p.m. (noon) C.S.T. on July 10, 2026.**

After Application Submittal. No Applicant shall contact any IFA staff or Board members, nor shall anyone contact staff or Board members on the Applicant’s behalf, to unduly influence IFA’s determination related to the review or award of HOME-ARP funds.

Threshold Deficiency Review Period. The Application, once submitted, shall be unavailable to the Applicant until such time that the Applicant needs to make a change per IFA’s request during the Threshold Deficiency Review period. An email will notify the Applicant of the deficiencies for review and response. The Applicant shall respond in the Application, make corrections within the appropriate Application Tabs, if applicable, and submit the Application to IFA within the time allowed for the deficiency responses.

Changes to the Application shall not be allowed that maintain or improve the score received by an Applicant.

A change in funding sources shall not be allowed during the threshold deficiency review period unless specifically requested by IFA.

The deficiency review period is the one and only opportunity to respond to items in IFA's deficiency report.

Scoring. Scoring exhibits are due at threshold Application submission and cannot be provided during the deficiency period. IFA will award scoring points based on the evidence provided in the Application and exhibits. IFA designed the scoring to allow Applicants to propose Projects **that work best for their communities, not to garner maximum points**. IFA shall make the final determination regarding the Applicant's score. Scoring determinations made in prior years are not binding on IFA for the current funding round.

PROJECTS THAT DO NOT PASS THRESHOLD WILL NOT BE SCORED

Application

This manual is a summary of the application, this is not an all-inclusive document.

GUIDANCE BY TAB (Be sure to **save each Tab before exiting** the Application)

OVERVIEW AND REQUEST FOR APPLICATIONS

The overview and request for applications tab provides introductory information regarding the HOME-ARP program. Links to various program specific documents and resources are provided.

APPLICANT PROFILE

Answer each question in this tab to describe the proposed project.

1. **Name of applicant organization.** Enter the name of the organization applying for funds. This organization will be responsible for the oversight and administration of the services for which funds are applied for.
2. **Recipient Type.** Select the type of organization applying for funds.
3. **How are tenants referred to this project selected?** Select one of the options to identify how tenants are referred to the project; Coordinated Entry, Project Specific Waitlist, or Combination of both.
4. **Written procedures and policies for maintaining a waitlist.** If the applicant will utilize a waitlist for program participants, explain what procedures and policies are utilized. Explain how the housing units are marketed.
5. **Qualifying populations allowed to apply.** Indicated yes or no if the proposed project will allow all qualifying populations to apply.
6. **Explain NO answer.** If all qualifying populations are now allowed to apply, a limitation will need to be considered. Explain which populations will be served and how these populations are identified with greater need and brought forward in the wait list process.
7. **Qualifying population prioritization.** Indicate yes or no if the proposed project will allow all qualifying populations to apply, however prioritizes selected populations over others.
8. **Explain YES answer.** If all populations are served by the project, however certain populations are prioritized over others a preference will need to be considered. Explain why prioritization is necessary to address the unmet need or gap in benefits and services by individuals and families in the qualifying population(s). Describe how these applicants will be brought forward in the wait list process.
9. **Project Type.** Indicate which unit development activities are proposed in the project: Acquisition, Construction, and/or Rehabilitation.
10. **Total Project Units.** Enter the total number of rental units that will be created in the proposed project.
11. **Total Project HOME-ARP Units.** Enter the number of rental units that will be created and designated as HOME-ARP units.
12. **HOME-ARP unit types.** Indicate whether the designated HOME-ARP units will be fixed within the project or floating.
13. **Number of fully accessible units.** Enter the number of fully accessible units in the project. Minimum 10% of HOME-ARP units.
14. **Will the project have one minimum 5' wide ADA compliant roll-in shower per each ADA fully accessible unit?** Enter response Yes or No.
15. **Number of units accessible for hearing/visually impaired persons.** Enter the number of units

accessible for people with hearing or vision impairments. Minimum 2% of HOME-ARP units.

16. **Historic Places/State Historic Preservation.** Indicate Yes or No if all buildings within the project are on the National Register of Historic Places or determined eligible for the National Register by the State Historic Preservation Office.
17. **Accessory buildings and area.** Provide a description of accessory buildings on the proposed property (if applicable). Describe the lot and area for the proposed project.
18. **Commercial facilities.** Describe any commercial facilities or mixed uses of the proposed project site.
19. **Evidence of need.** Provide a description of the evidence of need for the proposed project. Include the demographics of the tenants to be served, location, and any other pertinent details of the project.
20. **Explanation of local support.** Provide a description of the local support for your project. This should be specific on who provides the support and how they have been involved with the development of the proposed project.
21. **Final Iowa Title Guaranty Certificate.** Indicate Yes or No if the project will obtain a Final Iowa Title Guaranty Certificate from IFA
22. **Webinar.** Did a member of the applying entity attend or view the HOME-ARP Application webinar. **(Applicants are required to view the webinar. A recording will be posted on the HOME-ARP resources page)**
23. **Environmental Measures.** Will the project implement one or more of the following environmental measures: No Smoking Policy, Water Conserving Measures, and/or In-Unit Energy Efficient Water Heaters, choose yes or no.

SITE DESCRIPTION, CONTROL, and ZONING

1. **Scattered Site Project.** Enter Yes or No to indicate if the proposed project will be located on multiple sites (scattered).
2. **Sites.** Click 'Add New Row' to enter information regarding the site location. Complete the site information page completely.
3. **Name of entity that has site control for the project.** Enter name information.
4. **Does the current owner of the property have fee simple ownership of the property (site/buildings)?** Enter Yes or No.
5. **What is the present zoning classification of the site?** Enter zoning classification.
6. **Is the site zoned appropriately for the proposed project?** Enter Yes or No.
7. **Describe permits/variances required and the schedule to obtain them.** If applicable, describe what permits or variances are required to be able to develop ARP units. Describe the timeframe and schedule necessary to obtain them.

OWNERSHIP ENTITY and PROJECT TEAM

Company Name

Contact Person

Address

City

State

Zip

Phone

Email address (make sure that this email will be answered because deficiencies will be sent to this address)

General Information

Entity Type

Is the Ownership Entity a non-profit?

UEI #

Tax Identification #

Entity Ownership Components

Project Team

Enter each team member that will be working with the project. There should be adequate team members involved to ensure the success of the project. Indicate the length of partnership between team members. Be sure to add the authorized signatory for the project. **(Only 1 person per team member type can be listed except for team member type "Other".)**

NEW DEVELOPER: A Developer that has never been allocated HOME ("New Developer") is eligible to receive one award of HOME-ARP.

Current ownership entity organizational chart is required. The chart should provide clear understanding of the organization's hierarchy. The chart should also indicate team structure, reporting lines, and how roles interact. The organizational chart should be added as Exhibit H-35.

CAPACITY

Answer each question in this tab to describe the capacity of each team member.

1. **Developer housing experience in the last five years.** Enter the date, existing project name, and city project is located.
2. **Ownership Entity/General Partner housing experience in the last five years.** Enter the date, existing project name and city project is located.
3. **Management Company housing experience in the last five years.** Enter the date, existing project name, and city project is located.
4. **List all other IFA Programs where an award or financing was received during the past 5 years for developer and ownership entity/general partner.**
5. **Have any of the Project Team members participated in a HOME project that failed to reach contractual project benchmarks.** Choose yes or no. Name the team member and explain if yes.
6. **Have any of the Project Team members participated in a housing project that received a federal, state, or local award or incentive where the project failed to reach completion.** Choose yes or no. Explain if yes.
7. **Have any of the Project Team members worked on any housing project which has resulted in the initiation or completion of a foreclosure or sheriff's sale proceedings.** Choose yes or no. Explain if yes.
8. **Have the following Project Team members worked on any housing project/program where they had to repay or forfeit any funds awarded to a federal, state, or local program.** Choose yes or no. Explain if yes.
9. **Have the following Project Team members worked on any housing project/program that currently has an outstanding noncompliance issue for a federal, state, or local program.** Choose yes or no. Explain if yes.
10. **Have the following Project Team members experienced any turnover in key staff positions in the past two years.** Choose yes or no. Explain if yes.
11. **Name the Project Team member that has National Environmental Protection Act (NEPA) experience.** Provide name, title, company, and number of years with NEPA experience. Provide the

approximate number of environmental reviews completed by individual.

12. **Does your staff have developer experience, marketing experience, property management experience, and/or contract management experience.** Choose yes or no. If yes, enter the experience under the applicable category found in the “**Staffing Experience For Proposed Project**” section’

STAFFING EXPERIENCE FOR PROPOSED PROJECT

INSTRUCTIONS: Enter individual or company information in each area where there is staffing experience. Type of position held must fall into one of the following defined categories:

STAFF - Staff are full-time employees as defined by the IRS. This does not include Board members, volunteers, and consultants who do not have responsibility for day-to-day operations.

CONTRACT EMPLOYEES - Contract employees are those individuals who are paid but are not entitled to receive benefits.

PARTNERS - Partners are those with a legally or contractually defined role in the control of project decision making (e.g., tax credit investors, joint ventures, etc.)

OTHERS - Others are consultants, architects, marketing firms, etc.

DEVELOPER EXPERIENCE

Rental Projects 1-11 units; 12-48 units; 49-100 units; and/or 100+ units.

MARKETING EXPERIENCE

Advertising, sales/leasing

PROPERTY MANAGEMENT

Compliance (program regulations, building codes, and contractual responsibilities)

Property Management

Property Maintenance

Lease/tenant relations (including rent collection, re-leasing, termination, and other tenant-related issues)

Financial Management (bookkeeping, profit & losses, and balance sheets)

Capital Planning (focuses on long term capital replacement, planning, annual updates, and management of replacement reserves)

CONTRACT MANAGEMENT (Experience supervising/managing housing entities)

Design (engineer and architect)

Construction

Marketing

Property Management

PROJECT TIMETABLE

If awarded funds, the project must be completed within 24 months of the contract executed. Insert your time schedule into the project timetable.

BUILDINGS

General Building Information

Buildings. Go into the view screen.

Address Information: Enter the address and all other requested information for the project address.

Other Information: Enter new or acquired, number of stories, number of fully accessible units, number of hearing/visually impaired units, acquisition cost, rehabilitation cost, date building originally constructed, indicate who has control of property, input the date that the property ownership, include utilities that will be provided in rent, indicate building items, provide square footage, and provide any remarks about the building.

Complete the chart for the units, type of unit, number of bedrooms, number of bathrooms, net square foot, initial AMI, long term AMI, monthly rent, utility allowance, total housing expense, fair market rent, and HOME-ARP rent limit.

Determine whether the HOME-ARP units will be fixed or floating.

Units must be comparable in size by the bedroom count and square footage of individual units. Not all units with the same number of bedrooms are comparable in size. If there is a substantial difference in the square footage of two units with the same number of bedrooms, the units are not considered comparable. All units entered with similar bedroom counts are within 20 square feet in area.

Comparability in amenities means similar fixtures, appliances, and other features. In many mixed-income projects, to demand varying rents, the quality and types of amenities may vary among units. For instance, a project manager can demand a higher rent for a unit with wall-to-wall carpeting, garbage disposal, dishwasher, and finer fixtures than for a unit without these amenities. This type of project does not typically have comparability of units unless there is an equal distribution of assisted and non-assisted units that have these amenities.

If the units are not comparable in size or amenities the units then must be fixed.

Enter the total hard cost of construction/rehab for HOME-ARP assisted units (not per unit)

Enter the total hard cost of construction/rehab for non-HOME-ARP assisted units (not per unit)

FUNDING SOURCES AND MATCH

Enter funding sources for the project. Provide the funding source type, name of entity providing the funding source, if source can be used for HOME-ARP match, the amount, commitment date of the match, rate, term, amortization. The entry for HOME-ARP funds should include construction costs, supportive services, and nonprofit expenses (if applicable) as an aggregate.

BUDGET

Enter budget line items for how funds will be utilized in the project. The first column is for other funding sources (non-HOME-ARP), the second column is for HOME-ARP funds.

NOTE: The maximum construction funds per project is \$5,000,000.

25% of the budget (for construction) must be from another financing source. The application cannot be submitted unless the project meets this requirement.

Rental Developer Fee (cannot exceed 15% of Site Work, Construction, and Soft Cost items) Rental Builder and General Contractor Fees

Rental Construction Contingency Fees (at least 5% but no more than 10% of Site Work and Construction items)

Soft Costs Contingency

Rental Vacancy Rate. It must be 8-10% for 12 or more total units & 8-15% for 1-11 total units.

Rental Income Inflation

Rental Expense Inflation Expense Inflation Rate must be at least 1% higher than the Income Inflation Rate.)

Rental Operating Expenses. The minimum operating expense requirements set forth are provided and the Project's actual operating expenses (not including taxes and reserves) and the Operating Expenses per Unit per year are shown based upon entries made on the Projected Operating Costs Tab.

Rental Debt Coverage Ratio. The DSCR requirement is between 1.15 -2.00 for the entire compliance period. If it exceeds 2.00 then an explanation to IFA is required for consideration.

Rental Operating Reserve. Answer question regarding a line of credit. If yes, enter the amount and provide an explanation on how the operating reserve will be established.

Rental Annual Per-Unit Replacement Reserves. Enter explanation on how the replacement reserves will be escrowed and used only for the replacement of capital components of the Project. \$350 per unit.

PROJECTED ANNUAL OPERATING COSTS

Input cost for annual operating cost.

PROJECTED CASH FLOW

Financial Feasibility requirements must be met to submit the threshold Application.

SUPPORTIVE SERVICES

Funding Request. Indicate yes or no if Supportive Services funds are requested. Fill out the funding request tables to indicate the amount of funding requested and the type of services that will be provided.

1. **Agency Type.** Check box to indicate which type of agency will provide supportive services.
2. **Staff experience, qualifications, training.** Describe the service providers' staff experience, qualifications, and relevant training.

3. **Other agencies/entities collaborating to implement the program?** If yes, describe the relationship and agreements.
4. **History with Federal Funds use and administration.** Describe the agency's experience with Federal Funds and programs.
5. **Describe Project.** Describe the project and how the services offered will meet the needs of participants.
6. **Need for services.** Describe how the need for services was determined.
7. **How will the project collaborate with the Continuum of Care?** Describe how the proposed project will coordinate services with local continuum of care.
8. **Duplication of services.** Describe how the applicant or service provider will identify services currently received by program participants and how duplication of services or assistance will be prevented.

NONPROFIT OPERATING AND CAPACITY

Funding Request. Indicate yes or no if your organization is a nonprofit and is requesting operating expenses and/or capacity building assistance funds.

Current Budget. Fill in a table to indicate your organization's current budget. The current budget is required to determine the amount of operating expenses and/or capacity building funds available.

HOME-ARP Operating Cost Assistance Requested. Fill in the table for each expense type and for each year funds are available through HOME-ARP. Explain how HOME-ARP funds will be utilized.

HOME-ARP Capacity Building Assistance Requested. Fill in the table for each expense type and for each year funds are available through HOME-ARP. Explain how expenses will result in expansion or improvement of the organization's ability to successfully carry out eligible HOME-ARP activities.

EXHIBITS

Upload all exhibits that are required for your project.

REQUIREMENTS

Read and at the bottom of the page check the box that **"I agree"** to the requirements listed on the page.

OVERVIEW

This tab provides a summary of your application from information that was inputted into the application.

HOME-ARP UNIT ANALYSIS

This provides an analysis for units from information that was inputted into the application.

ERROR LOG

This provides an analysis of the errors in your application and shows what needs to be corrected before submission.

SCORING CRITERIA TO PROJECTS THAT PASS THRESHOLD.

Site Plans shall show all amenities and scoring construction elections entered in the online Application. When entering each building’s address number, street name, city and nine-digit zip code, are correct.

Below lists the scoring category and guidance on requesting preliminary score points.

SCORING

Category 1 – Match (0, 5, 10, or 15 points)

Points will be awarded if the application lists matching funds for the project and the IFA required form for Exhibit H-33 along with the required supporting documentation are provided. The total amount of funding designated as match (as approved by IFA) will be divided by the amount of total HOME-ARP funds requested.

0 - 24% eligible HOME-ARP Match	0 points
25% eligible HOME-ARP Match	5 points
26 - 50% eligible HOME-ARP Match	10 points
51% or more eligible HOME-ARP Match	15 points

Category 2 – Subsidy Per Unit (0, 5, 10, 15 points)

Points will be awarded based on the subsidy required to develop each rental unit.

Greater than \$250,000 per unit	0 points
\$225,000 - \$250,000 per unit	5 points
\$200,000 - \$225,000 per unit	10 points
Less than \$200,000 per unit	15 points

Category 3 – Qualifying Populations (5, 10 points)

Points will be awarded for projects serving the 4 qualifying populations: #1) Homeless, #2) At Risk of Homelessness, #3) Fleeing, or Attempting to Flee, Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking, #4) Other Populations. If an applicant chooses to only serve one of the qualifying populations, documentation will be required to justify the preference for the chosen population.

Serving 1 of QP’s 1, 2, 3	5 points
Serving all 4 QP’s	10 points

Category 4 – Project-Based Rental Assistance (0, 10, 20, 30 points)

Projects that have Federal Project-Based Rental Assistance, HUD-VASH Voucher Assistance or Local Project-Based PHA (Public Housing Authority) Voucher Assistance. Points will be awarded only if the project-based rental assistance contract has an initial term of no less than five (5) years for each contract unit.

0-25% Project Units covered by rental assistance	0 Points
25%-50% Project Units covered by rental assistance	10 Points
50%-75% Project Units covered by rental assistance	20 Points

75%-100% Project Units covered by rental assistance	30 Points
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Category 5 – Site Location (0 or 10 points)

IFA will incentivize funds for projects that are located outside of city ARP jurisdictions in Iowa that have received separate ARP funds. Projects located in a city which received separate ARP funds will receive 0 points. Projects located outside of cities which receive separate ARP funds will receive 10 points.

Category 6 – CDC Social Vulnerability Index (0, 2, 5, 10 points)

Points will be awarded in the proposed project’s location is within a community located in a county with the following level of vulnerability:

Low	0 points
Low to Moderate	2 points
Moderate to High	5 points
High	10 Points

Category 7 – Historical Significance (0 or 2 points)

Points will be awarded if the application says all buildings in the project have the proper historic designation and Exhibit H-27, Historical Significance, is uploaded with the online application.

Category 8 – Zoning (0 or 5 points)

Points will be awarded if the property is appropriately zoned for the proposed project at the time of application.

Category 9 – Fully Accessible Units (0 or 10 points)

The percentage of fully accessible (not adaptable) HOME-ARP units as shown in the plans submitted with the application. “Fully accessible unit” means a unit designed and constructed for full accessibility in accordance with Section 1002 of the International Code Council (ICC) A117.1.5

0% fully accessible	0 points
At least 10% but less than 25% fully accessible	2 points
At least 25% but less than 50% fully accessible	5 points
50% or more fully accessible	10 points

Category 10 – Fully Accessible Roll-In Shower (0 or 1 point)

One minimum 5’ wide ADA-compliant roll-in shower per each ADA fully accessible unit and shall be disbursed throughout the property and in different bedroom sizes. 1 point.

Category 11 – Capacity (0, 5 or 10 points)

IFA's will review of the Capacity section of the application to determine the developer's ability to manage and complete the building development project.

High Risk Determination	0 points
Medium Risk Determination	5 points
Low Risk Determination	10 points

Category 12 – Experience in HUD HOME Programs (0, 3, 6, 9 points)

Points will be awarded based on the applicants’ experience with HUD HOME programs. Experience may be a combination of the organization, individual experience of key project staff, and/or experience of committed project partners.

No prior HUD HOME experience	0 points
Completed similar type projects on smaller scale; or no experience with capital projects but have experience with supportive services	3 points
Completed similar scale and type of projects more than 5 years ago	6 points
Completed similar scale and type of projects in the most recent 5 years	9 points

Category 13 – Impact on the Environment (0 or 2 points)

Points will be awarded based on having one or more of the following features. Each feature is worth 2 points.

No Smoking Policy. A 'no smoking' policy will be implemented and enforced throughout the Affordability Period for all common areas and individual living areas of all buildings.

Water Conserving Measures. Install, provide, and maintain throughout the Affordability Period, at the cost of the Project Ownership, toilets that are high efficiency Water Sense toilets that use 1.28 gallons per flush or less (dual flush toilets do not qualify); faucet aerators that use 1.5 gallons per minute (gpm) or less in kitchens and 1.0 gpm or less in bathrooms; and showerheads that use 1.5 gpm or less.

In-Unit Energy Efficient Water Heaters. Install and provide at no cost to the tenant, energy efficient in-unit water heaters that have a minimum energy factor (EF) of 0.61 tank-type gas, 0.93 for tank-type electric, or 0.96 for tankless water heaters. The in-unit energy efficient water heaters shall be maintained throughout the affordability period at the cost of the Project Ownership.

Category 14 – IFA Iowa Title Guaranty Certificate (0 or 2 points)

Points will be awarded if the applicant selects on the application that the Ownership Entity shall, at a minimum, obtain a Final Iowa Title Guaranty Certificate with an amount of coverage that is not less than the value of land and pre-existing improvements, if any, combined with the total Hard Construction Costs of the Project.

Category 15 – Local Support through Tax Abatement (0 or 5 points)

Points will be awarded if the applicant demonstrates commitment to the proposed Project for property tax abatement or exemption. 0 points if no exemption; 5 points if exemption documentation is approved.

Category 16 – Supportive Services Offered (0, 5, 10 points)

Points will be awarded for the following services, if offered:

- | | |
|--|--|
| Child Care | Substance abuse treatment services |
| Education Services | Transportation |
| Employment Assistance and Job Training | Case management |
| Food | Mediation |
| Housing Search and Counseling Services | Credit repair |
| Legal Services | Landlord/Tenants Liaison |
| Life skills training | Services for special populations |
| Mental health services | Financial assistance costs |
| Outpatient health services | Short-term and medium-term rent assistance |
| Outreach services | |

Service not offered	0 points
1-5 individual services offered	5 points
Greater than 5 individual services	10 points

Category 17 – Supportive Services Impact (0, 5, 10, 15 points)

Points will be awarded based on IFA review of the applicant’s ability to provide services and the impact to qualified populations. IFA will review the applicant’s experience, administration, and service delivery.

Services not offered	0 points
New to services/Low effectiveness	5 points
Services moderately effective	10 points
Services highly effective; efficient delivery	15 points

Resources

[IFA Website](#): Notices, Application Package, Home-ARP Exhibits, Appendices, IFA Forms, and Webinars.

[Section 3](#): FAQs, Training, Final Rule Change Guidance

HOME-ARP Appendices

Appendices	Description
A	Tip Sheet & Links
B	Maximum Per Unit Subsidy Limits
C	Underwriting Standards
D	Match Contribution Information
E	Restrictions on Lobbying
G	Providing Financial Statements – For Profit
H	Long-Term Inspection Fees
I	Appraisal Information
J	Iowa's Minimum Housing Rehabilitation Standards
K	Iowa Title Guaranty- Rate Sheet
L	CDC Social Vulnerability Index
M	Lead Based Paint Requirements
N	Noise Standards
P	Scope of Work

HOME-ARP Exhibit List

Exhibit	Description	Required
H-1	Application Certification – <u>IFA Required Form</u>	Yes
H-2	Assurances Signature Page – <u>IFA Required Form</u>	Yes
H-3	Applicant/Recipient Disclosure/Update Form (HUD2880)	Yes
H-4	W-9 Form (Request for Taxpayer ID # & Certification)	Yes
H-5	Minority Impact Statement – <u>IFA Required Form</u>	Yes
H-6	No Lobbying Certificate – <u>IFA Required Form</u>	Yes
H-7	Disclosure of Lobbying Activities	If applicable
H-8	Local Support	Yes
H-9a.	Nonprofit Status IRS letter stating the entity is a qualified nonprofit with a tax-exempt status ruling under 501(c);	Nonprofit
H-9b.	Nonprofit Status <ul style="list-style-type: none"> Letter of good standing from Iowa Secretary of State 	Nonprofit
H-10	Color photos of property and adjacent properties	Yes
H-11	Letters of intent from lending institutions for private construction or permanent financing	If applicable
H-12	Letters of commitment from all other sources (grants, loans, match, etc.)	Yes
H-13	Utility Allowance Document Refer to HOME-ARP Exhibit on website.	Yes
H-14	Market Information for Proposed Project	Yes
H-15	3 Years balance sheets	Yes
H-16	3 Years Profit and Loss Statements	Yes
H-17	Relocation Plan – <u>IFA Required Form.</u>	Existing building on the site(s)
H-18	Document(s) providing evidence of control or ownership of site(s)	Yes
H-19	Map with Site Locations	Yes
H-20	Site Plans	Yes
H-21	Building plans and specifications	Yes
H-22a.	Noise Abatement & Control <ul style="list-style-type: none"> <u>IFA Required Form</u> – Noise Abatement and Control 	Yes
H-22b.	Noise Abatement & Control <ul style="list-style-type: none"> Noise assessment that meets HUD requirements 	Yes
H-23	Flood Zone – FEMA FIRMette map of each site Link: How to Find your FIRM and Make a FIRMette	Yes

H-24	Sellers Acknowledgement Form – <u>IFA Required Form</u>	Yes
H-27	Historical Significance	If applicable
H-29	Ownership entity documentation if ownership entity is for-profit AND not a sole proprietor.	If applicable
H-30	Documentation for General Partner, Managing member & Co-GP/Co-MM	If applicable
H-31	Scope of Work – only required if rehabilitation or acquisition/rehabilitation project.	If applicable
H-32	Tax abatement documents for match.	If applicable
H-33a.	Match Documentation <ul style="list-style-type: none"> • IFA Match documentation form 	Yes
H-33b.	Match Documentation <ul style="list-style-type: none"> • Letter from EACH entity providing match (must be on their letterhead) 	Yes
H-34	Site & Neighborhood Standards – <u>IFA Required Form</u>	Yes

RENTAL THRESHOLD ITEMS

Code Reference	Description	Required
Application	<u>Complete Application</u>	Yes
Application	<u>Compliance with IFA Programs</u> IFA determines, at its discretion, whether the Ownership Entity or its partners listed for the project pass threshold if they are delinquent or out of compliance with another IFA program.	Yes
Application	<u>Open HOME/NHTF Rental Projects for Developer</u> Developer listed on application may have an open HOME/NHTF project at date of application submittal so long as these housing projects are not delinquent and are compliant with program requirements.	Yes
Application	<u>Flood Zone</u> No assisted rental unit may be in an identified or proposed flood zone.	Yes
Application	<u>Wetland</u> No assisted rental unit may be in a designated wetland.	Yes
Application	<u>Repay/Forfeit Funds</u> The Ownership Entity/General Partner(s) and Developer have not worked on any housing project/program where they had to repay or forfeit any funds awarded from a federal, state, or local program.	Must answer & explain
Application	<u>Site Control</u> Applicant must have site control valid for six months following the HOME-ARP round closing date.	Yes
Application	<u>Underwriting</u> Application met IFA underwriting standards.	Yes
Application	<u>Zoning</u> Property location is zoned correctly or will be prior to construction.	Yes
Application	<u>HOME-ARP Subsidy Layering</u> IFA shall evaluate the project in accordance with subsidy layering guidelines adopted by HUD for this purpose.	Yes
Application	<u>Radon</u> All buildings must be tested for radon. Radon gas is measured in picocuries per liter (pCi/L) of air. If a building tests at over 4.0 pCi/L or over, a mitigation system must be installed.	Yes
Application	<u>Minimum Matching Funds</u> The application must provide documentation to show a minimum of 25% of the project is funded by an outside source.	Yes
Application	<u>HOME-ARP Certification</u>	Yes

	The application shall include a HOME-ARP certification that the applicant will comply with all applicable state and federal laws and regulations.	
Application	<u>Evidence of Need</u> The application shall provide evidence of the need for the proposed activity, the potential impact of the proposed activity, the feasibility of the proposed activity, and the impact of additional housing resources on the existing related housing market.	Yes
Application	<u>Award Limit – Development of Rental Units</u> An award for development of rental units shall be limited to no more than \$5,000,000.	Yes
Federal 24 CFR 5, subpart A	<u>Ineligible Parties</u> The following parties are not on the U.S. Dept. of HUD's debarred, suspended, or ineligible list: Ownership Entity, General Partner, Co-General Partner, Developer, Co-Developer, and Management Company.	Yes
Federal 24 CFR 51, subpart B	<u>Noise Abatement and Control</u> The requirements set out in Section 51.104(a) are designed to ensure that interior level noise does not exceed the 45 decibels (dB) level established as a goal in Section 51.101(a)(9).	Yes
Federal 24 CFR 92.202	<u>Site & Neighborhood Standards</u> Incorporate the site and neighborhood standards of the HOME-ARP Program as an integral part of the project evaluation process to ensure proposed project locations will not contribute to undue concentration of affordable housing in RCAP areas.	Yes
Federal 24 CFR 92.205	<u>Minimum HOME-ARP Subsidy</u> The HOME-ARP subsidy to the project is at least \$1,000 per unit.	Yes
Federal 24 CFR 92.250; Appendix C.	<u>Maximum per-unit subsidy amount</u> The total amount of HOME-ARP funds awarded on a per-unit basis may not exceed the per unit dollar limitations established annually by IFA and HUD.	Yes
Federal 24 CFR 92.250	<u>GAP Financing</u> The application shall show that a need for HOME-ARP assistance exists after all other financial resources have been identified and secured for the proposed activity.	Yes

Federal 24 CFR 92.251	<u>Property Standards</u> All newly constructed housing shall be constructed in accordance with any locally adopted and enforced building codes, standards, and ordinances. In the absence of locally adopted and enforced building codes, the requirements of the International Code Council's International Residential Code shall apply.	If new const.
Federal 24 CFR 92.251	<u>Property Standards</u> All rental housing involving rehabilitation shall be rehabilitated in accordance with Iowa's Minimum Housing Rehabilitation Standards.	If rehab or acq/rehab
Federal 24 CFR 92.251	<u>HOME-ARP Handicapped Accessibility Requirement</u> If new construction or acq. /new const., the project must have at least 5% Handicapped Accessible units. If acq., acq. /rehab., or rehab., and has 15 or more units, the project must have at least 5% Handicapped Accessible units.	Yes
Federal 24 CFR 92.251	<u>HOME-ARP Handicapped Accessibility Requirement</u> If new construction or acq. /new const., the project must have at least 2% Visual/Hearing Handicapped Accessible units. If acq., acq. /rehab., or rehab., and has 15 or more units, the project must have at least 2% Visual/Hearing Handicapped Accessible units.	Yes
Federal 24 CFR 92.252	<u>HOME-ARP Rent Limits</u> HOME-ARP rental units occupied by low-income households must comply with rent limitations in 24 CFR 92.252(a).	Yes
Federal CPD-21-10	<u>Income and Occupancy Requirements</u> Not less than 70% of the total number of rental units assisted with HOME-ARP must be restricted for occupancy by households that are qualifying households at the time of initial occupancy. Not more than 30% of the total number of HOME-ARP units may be restricted to low-income households.	Yes
Federal CPD-21-10	<u>Project Timeline</u> Activity timeline for completing the project is within allowed HUD guidelines.	Yes

Application	<u>Eligible HOME-ARP Activities</u> Include development of affordable rental housing, supportive services, nonprofit operating expenses, and nonprofit capacity building. IFA will focus its resources and capacity on expanding the affordable rental housing inventory through newly developed units and providing supportive services needed.	Yes
State 265-39.6(16), 39.6(1)	<u>HOME-ARP Purpose & Consolidated Plan</u> The application shall propose a housing activity consistent with the HOME-ARP funds and eligibility requirements and the state consolidated plan.	Yes
State 265-39.6(2)	<u>Capacity</u> The application shall document the applicant's capacity to administer the proposed activity. Such documentation may include successful administration of prior housing activities...	Yes
State 265-39.6(2) & IDPH	<u>Lead Based Paint Requirements</u> Applicant agrees to use a Lead Safe Renovator for lead based paint issues. (Only required for pre-1978 buildings)	If pre-1978 project

AWARD OF HOME-ARP PROJECT

The Iowa Finance Authority Board of Directors shall issue awards for the current funding round at the IFA Board meeting. A ranking list of applications shall be available at that time. The spread sheet is a ranking of all Applicants based upon the final score determined by IFA.

A written notification of a HOME-ARP award or non-award shall be emailed to each Applicant after the IFA Board Meeting.

Disclaimer. This document provides an overview of the HOME-ARP online Application and is not all-inclusive or a re-iteration of all requirements. Updates to this manual will be available on the current funding round's webpage. Should an inconsistency be noted between the HOME-ARP rules/regulation and this document, the HOME-ARP rules/regulations shall prevail.