

# 2025 HOME RENTAL APPLICATION MANUAL

HOME STAFF  
IFA/1963 BELL AVENUE

# 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 policies/procedures/rules may be submitted to [home@iowafinance.com](mailto:home@iowafinance.com). The questions and answers will be placed on the 2025 HOME Round webpage. Please do not contact a HOME 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 funds are awarded to a proposed Project.

**Complete Application.** Complete Applications for HOME under the current funding round are required to be submitted through the online Application **by 4:00 PM on April 25, 2025.**

**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, in order to unduly influence IFA’s determination related to the review or award of HOME.

**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 Developer fees may not be increased after submission of the threshold Application.

The deficiency review period is the one and only opportunity to respond to items, and only those 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**, targeted market and development organizations, **not to garner maximum points**. IFA shall make the final determination of 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**

# Rental Application

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

## GENERAL INFORMATION

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

## PROJECT NAME & DESCRIPTION

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

1. **Project Name.** Complete the name of the project. This project name will remain with your project throughout the affordability period.
2. **Project Type.** Rental: New Construction, Rehab, Acquisition/Rehab, or Acquisition/New Construction, from the dropdown box.
3. **Occupancy Type.** Select Family, 55 years, or 62 years from the dropdown box.
4. **Targeted Population.** Select N/A; Homeless persons, including homeless individuals, families, youth and/or veterans; persons with disabilities; persons with HIV/Aids; persons with substance abuse; transitional housing, and victims of domestic violence.
5. **Designated Units.** If any of the units going to be designated N/A, persons with HIV/Aids, persons with HIV/Aid that are chronically homeless, homeless persons and families, homeless persons and families that are chronically homeless from the dropdown box.
6. **Total project units.** Fill in the number of units in the project.
7. **Total project HOME units.** Fill in the number of HOME units (11 or less units).
8. **Type of HOME units.** Select fixed or floating from the dropdown box.
9. **Number of fully accessible units.** Fill in the number of fully accessible units (minimum 5% of HOME units, round up).
10. **Number of units for hearing/visually impaired.** Fill in the number of hearing/visually impaired units (minimum 2% of HOME units, round up).
11. **Historic Place.** Are all buildings within the project on the National Register of Historic Places or determined eligible for the National Register by the State Historic Preservation Office, choose yes or no.
12. **Describe Accessory building and area.** Describe the area where the project will be located. If there are any building located on the site please describe and what will be done with those building because of the project.
13. **Describe commercial facilities.** Describe if there are any commercial facilities new or on the project site.

14. **Description of project.** Provide a description of the project.
15. **Freestanding structure.** HOME funding cannot be used for the rehabilitation or construction of freestanding structures, including detached garages and/or community centers. If these structures are included in your project, please describe what sources of funds will be used to rehab or construct these structures.
16. **Need.** Provide a description of the need for the project. This description needs to be specific about your project. How your project will answer the need for the local housing market. The information will provide IFA reviewers with details and make the project competitive with other projects competing for this round of HOME funds.
17. **Local Support.** Provide a description of the local support for your project. This should be specific on who is providing the support and how they have been involved with the development of the proposed project.
18. **Title Guarantee.** Will the Ownership Entity, at a minimum, obtain a Final Iowa Title Guaranty Certificate from IFA with an amount of coverage that is not less than the value of the land and pre-existing improvements, if any, combined with the total Hard Construction Costs of the Project, choose yes or no.
19. **Webinar.** Did a member of the applying entity attend or view the HOME Application webinar. **(Applicants are required to view the webinar. A recording will be posted on the HOME resources page)**
20. **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.
21. **Location near Services.** Will the project be located near the following services: Full-service grocery store, Senior Center, Medical Services, Public Library, Park (city, state or local), Licensed day care center (family projects only), Pharmacy, Community College, Convenience Store, choose yes or no.
22. **Location near other Services.** Will the project be located near these other services: Public Transportation and/or Schools., choose yes or no.

## **SITE DESCRIPTION**

Enter the information for the project site.

## **SITE CONTROL**

Enter the information for the site control entity and if the owner has fee simple ownership and the date of that ownership.

## **ZONING**

Enter the zoning information for the project.

## OWNERSHIP ENTITY

Company Name, Address, City, State, Zip, Phone

General Information, Entity Type, Is the Ownership Entity a non-profit?, UEI #,

Tax Identification #, Is applicant seeking funds as a CHDO set aside?

Contact Person, First and Last Name, Address, City, State, Zip, Phone, Email

(make sure that this email is the contact that will be responding to any deficiencies that will be sent)

## 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.

A new developer shall complete at least one HOME Project in which all HOME Units have been leased at least once and has had provided IFA with a completion for the project, in Iowa, before being allowed to submit a subsequent Application. This includes being listed on any Application in any team member role.

## 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 any of the 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 any of the 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 any of the 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 not entitled to receive benefits.

**PARTNERS** - Partners are those with a legally or contractually defined role in the control of the 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, project must be completed with 24 months of the executed contract. 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

Enter the 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 rent limit.

## DETERMINE WHETHER THE HOME 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 ASSISTED UNITS (not per unit)

## ENTER THE TOTAL HARD COST OF CONSTRUCTION/REHAB FOR NON-HOME 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 match, the amount, commitment date of the match, rate, term, amortization.

**NOTE:** The maximum amount of HOME funds per project is \$1,000,000. The maximum amount of HOME units is 11.

Rental HOME is a gap financing tool and 25% of the budget (for construction) must be from another financing source. The application cannot be submitted unless the project meets this requirement. IFA requires a 20-year term (new construction) with at least a 1% payment annually at 0% interest. Zero payments or cash flow loans will not be allowed. Fluctuating payments are ok to meet DSCR requirements.

**NOTE:** If an applicant is a CHDO, there are no requirements of other funding sources in the budget. The CHDO is limited to 11 HOME units at the maximum per cap unit released by HUD annually. The project must underwrite and have the ability to ensure the project will meet the affordability periods with other State and HUD regulations.

## **BUDGET**

Enter budget line items for the project. The first column is for other funding sources (non-HOME), the second column is for HOME eligible cost.

**Rental Developer Fee** Cannot exceed 15% of Site Work, Construction, and Soft Cost items,

**Rental Builder and General Contractor Fees**

**Rental Construction Contingency Fee.** It least 5% but no more than 10% of Site Work and Construction items.

**Soft Costs Contingency**

**Rental Vacancy Rate.** 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 between 1.15 -2.00 for 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. \$2,750 per unit.

**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 in order to submit the threshold Application.

## 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 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 on 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.

The Table below lists the scoring category and guidance on requesting preliminary scoring points.

<b>Match</b>	Funding Sources & Match. Eligible local and state sources	Points will be awarded if the application lists match for the project and the IFA required form for the Match exhibit 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 funds requested.	0 pts.=1-8% eligible match; 3 pts.=9-16% eligible match; 6 pts.=17-24% eligible match; 9 pts.=25% or more eligible match
<b>CHDO</b>	CHDO Application	HUD requires that IFA allocate 15% of the HOME funds to Community Housing Development Organizations (CHDO)	Either 0 or 9 points
<b>Targeted Population</b>	Project Name & Description	Points will be awarded for projects targeting one of these populations: 1) Homeless persons, including homeless individuals, families, youth and/or veterans; 2) Persons with HIV/AIDS; 3) Persons with disabilities; 4) Persons with Substance Abuse Addiction; 5) Transitional Housing; 6) Victims of Domestic Violence.	Either 0 or 5 points
<b>Historical Significance</b>	Project Name &	Points will be awarded if the application says all buildings in the project have the proper historic designation and historically significant documents are provided as the exhibit	Either 0 or 2 points.

	Description, Building	number listed demonstrating that the entire project is on the National Register of Historic Places or that it is determined eligible for the National Register by the State Historic Preservation Office. An Applicant electing points for this category shall use the maximum amount of state and federal historic tax credits as awarded by the appropriate agency as a funding source. Due diligence with the State Historic Preservation Officer (SHPO) on the Owner-elected scoring categories shall be completed by the Applicant prior to submission of the Application to ensure all elections are permissible by SHPO.	
<b>CDC Social Vulnerability Index</b>	Project Name and Location & Buildings	0 to 10 points based upon the proposed project's location within a community located in a county with the following level of vulnerability, based upon Overall SVI, Iowa-Statewide Comparison for the most recent year in which data is available at the time of scoring:  <a href="#">The Social Vulnerability Index (SVI): Interactive Map - Search work results (bing.com)</a>	High-10 pts Mod to High- 5 pts Low to Mod-2 pts Low-0 pts
<b>Fully Accessible Units</b>	Buildings	Enter the number of Fully Accessible, Units with Communication Features, and Additional Accessible Type A Units for each building on the Buildings Tab. Select the applicable accessibility type for each Unit for scoring points under this category. <b>Accessible Units and accessibility type shall be included in the Plans.</b> If the units are not included on the Plans, then the project will not receive the points. If 50% of the HOME units are fully accessible	Either 0 or 10 points
<b>Fully Accessible Units</b>	Buildings	One minimum 5' wide ADA-compliant roll-in shower per each ADA fully accessible unit (committed above) and shall be disbursed throughout the property and in different bedroom sizes.	Either 0 or 1 point
<b>Capacity</b>	Capacity review	Points will be awarded based on IFA's review of the Capacity section of the application	0 pts =High Risk 5 pts=Medium Risk 10pts=Low Risk

<p><b>Impact on the Environment</b></p>	<p>Project Description, Exhibits &amp; Scoring</p>	<p>Check the boxes on the Project Description Tab for each item that will be provided and for which points are requested.</p> <p>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.</p>	<p>2 points</p>
		<p>Water Conserving Measures. Install, provide, and maintain throughout the Affordability Period, at the cost of the Project Ownership, toilets that are high efficiency WaterSense 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.</p>	<p>2 points</p>
		<p>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.</p>	<p>2 points</p>
		<p><b>MANDATORY.</b> Radon-reducing features below the building slab along with vertical vent pipe(s) and junction box(es) following requirements in Appendix F, "Radon Control Methods" in the 2012 International Residential Code.</p>	
		<p>The following services shall be within the driving distance (using Google Maps driving directions) of 2 miles or less to get the points associated with each:</p>	
<p><b>Location near services</b></p>	<p>Project Description, Exhibits &amp; Scoring</p>	<p>Full-service grocery store. A grocery store that has available for purchase the following categories: Fresh meat (beef, pork, chicken, etc.); dairy products (milk, cheese, butter, etc.); frozen foods (vegetables, pizza, ice cream, frozen meals,</p>	<p>1 point</p>

		etc.); canned goods (beans, tomato products, juices, soups, etc.); paper products (toilet paper, paper towels, diapers, feminine products, etc.); health & beauty products (OTC medicines, hair care products, deodorant, etc.); spices (salt, pepper, cinnamon, oregano, etc.); and bread & bakery products (loaves, buns, donuts, lunch/snack items, etc.)	
		Senior Center. A community-based, federally funded, program that provides a variety of services that can include social activities, nutrition, and educational and recreational opportunities for older adults.	1 point
		Medical Services. A primary care or urgent care clinic or a hospital at which a clinical diagnosis can be obtained from a medical doctor (MD), Doctor of Osteopathic Medicine (DO) or a Physician Assistance (PA). A Physician or PA is concerned with preventing, maintaining, and treating human illness and injury. The Physician or PA may conduct physical exams, diagnoses and treat illnesses, order, and interpret test, counsel on preventive health care, assist in surgery and write prescriptions.	1 point
		Public Library. A facility accessible by the general public, generally funded from public sources such as taxes, and operated by a government entity to help educate and promote literacy. A public library is: (1) governed by a local board; (2) open to every community member; and (3) provides basic services without charge (story times, quiet study areas, etc.)	1 point
		Park (city, state or local) An area of land set-apart, owned, or managed by a city, state, or county governmental entity and available to the general public for use of its facilities for recreation. This does not include exclusively sports facilities and fairgrounds.	1 point
		Licensed day care center (family projects only) Licensed Day Care center means a licensed day care center licensed by	1 point

		<p>the Iowa Department of Human Services and listed on the DHS Child Care Client Portal as a licensed center. This does not include any other type of daycare provider.</p> <p><a href="https://ccmis.dhs.state.ia.us/clientportal/providersearch.aspx">https://ccmis.dhs.state.ia.us/clientportal/providersearch.aspx</a></p>	
		<p>Pharmacy A location where prescription medications are sold. A pharmacy is constantly supervised by a licensed pharmacist. A pharmacy also sells over the counter medication for a variety of medical purposes.</p>	1 point
		<p>Community College. Accredited two-year schools that provide affordable postsecondary education. In addition, they may offer skilled technical training for students to have adequate preparation for jobs that require higher education or workforce training which they will receive a diploma for successful completion. Includes satellite campuses.</p>	1 point
		<p>Convenient Store. A small-sized store that offers a limited range of grocery and other items that people are likely to need or want as a matter of convenience. Convenience stores usually have longer shopping hours.</p>	1 point
		<p>The following services shall be within walking distance (using Google Maps walking directions) of 0.5 mile or less to get the points associated with each:</p>	
		<p>Public Transportation A passenger (transportation) service which is available for use by the general public that has set routes, stops, and time points. This type of transit is provided where no advance reservations are necessary. Service is available to the general public, including persons with disabilities. This does not include Amtrack and multi-state bus companies.</p>	1 point
		<p>Schools. An elementary, junior high or high school accredited by the Iowa Department of Education.</p>	1 point

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<b>Iowa Thriving Communities</b>	<b>Project Name</b>	Iowa <b>Thriving Communities</b> elevates best practices from communities that excel to leverage innovative methods to attract housing opportunities. Points will be awarded if the application has been selected by IFA as a “Thriving Community”	Either 0 or 2 points
<b>Federally Declared Disaster area 2024</b>	<b>Project Name</b>	Adair, Adams, Buena Vista, Cedar, Cherokee, Clarke, Clay, Dickinson, Emmet, Harrison, Humboldt, Jasper, Lyon, Mills, Monona, Montgomery, O’Brien, Osceola, Palo Alto, Plymouth, Polk, Pottawattamie, Ringgold, Scott, Shelby, Sioux, Story, Union, and Woodbury.	Either 0 or 5 points
<b>Iowa Title Guaranty</b>	<b>Project Name &amp; Description</b>	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 the land and pre-existing improvements, if any, combined with the total Hard Construction Costs of the Project.	Either 0 or 2 points

## Resources

**IFA Website:** Notices, Application Package, Home Exhibits, Appendices, IFA Forms, and Webinars.

## HOME APPENDICES

<b>APPENDICES</b>	<b>DESCRIPTION</b>
<b>A</b>	<b>Tip Sheets &amp; Links</b>
<b>B</b>	<b>HOME Maximum Per Unit Subsidy Limits</b>
<b>C</b>	<b>Underwriting Standards</b>
<b>D</b>	<b>Match Contribution Information</b>
<b>E</b>	<b>Restrictions on Lobbying</b>
<b>F</b>	<b>Providing Audits-Non-Profit and CHDOs</b>
<b>G</b>	<b>Providing Financial Statements-For-Profit</b>
<b>H</b>	<b>Long Term Inspection Fees</b>
<b>I</b>	<b>Appraisal Information</b>
<b>J</b>	<b>Iowa's Minimum Housing Rehabilitation Standards</b>
<b>K</b>	<b>Iowa Title Guaranty – Rate Sheet</b>
<b>L</b>	<b>CDC Social Vulnerability Index</b>
<b>M</b>	<b>Lead Based Paint Requirements</b>
<b>N</b>	<b>Noise Standards</b>
<b>O</b>	<b>Iowa Thriving Communities</b>
<b>P</b>	<b>Scope of Work</b>
<b>Q</b>	<b>Community Housing Development Organization (CHDO) Experience</b>
<b>R</b>	<b>Federal Disaster Areas</b>

## HOME EXHIBIT LIST

Exhibit	Description	Required
H-1	Application Certification – <a href="#">IFA Required Form</a>	Yes
H-2	Assurances Signature Page – <a href="#">IFA Required Form</a>	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 – <a href="#">IFA Required Form</a>	Yes
H-6	No Lobbying Certificate – <a href="#">IFA Required Form</a>	Home Request over \$100,000
H-7	Disclosure of Lobbying Activities	If applicable
H-8	Local Support	Yes
H-9	Nonprofit Status <ul style="list-style-type: none"> <li>• IRS letter stating the entity is a qualified nonprofit with a tax-exempt status ruling under 501(c); and</li> <li>• Current good standing letter from the Iowa Secretary of State's Office</li> </ul>	Nonprofit
H-13	HOME Utility Allowance Document Refer to HOME Exhibit on website.	Yes
H-18	Relocation Plan – <a href="#">IFA Required Form</a> .	Existing building on the site(s)
H-23	Noise Abatement & Control (1 or 2 items required) <ul style="list-style-type: none"> <li>• <a href="#">IFA Required Form</a> – Noise Abatement and Control</li> <li>• If checked that any noise sensitive conditions exist, must also provide a noise assessment that meets HUD federal requirements</li> </ul>	Yes
H-24	Flood Zone – FEMA FIRMette map of each site Link: <a href="#">How to Find your FIRM and Make a FIRMette</a>	Yes
H-25	Sellers Acknowledgement Form – <a href="#">IFA Required Form</a>	Yes
H-26	CHDO Certification Checklist Appendix C & D Board and Staff Rosters	If applicable,
H-27	CHDO Certification Checklist	If applicable
H-33	Match Documentation	Yes
H-34	Site & Neighborhood Standards – <a href="#">IFA Required Form</a>	Yes
H-35	Location near Services (upload Google Map to show distance)	If applicable, upload map

## RENTAL THRESHOLD ITEMS

Code Reference	Description	Required
<b>Application</b>	<p><u>Compliance with IFA Programs</u></p> <p>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.</p>	Yes
<b>Application</b>	Complete Application	Yes
<b>Application</b>	<p><u>Flood Zone</u></p> <p>No assisted rental unit may be located in an identified or proposed flood zone.</p>	Yes
<b>Application</b>	<p><u>Wetland</u></p> <p>No assisted rental unit may be located in a designated wetland.</p>	Yes
<b>Application</b>	<p><u>Repay/Forfeit Funds</u></p> <p>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.</p>	Must answer & explain
<b>Application</b>	<p><u>Site Control</u></p> <p>Applicant must have site control valid for six months following the HOME round closing date.</p>	Yes
<b>Application</b>	<p><u>Underwriting</u></p> <p>Application met IFA underwriting standards.</p>	Yes
<b>Application</b>	<u>Zoning</u>	Yes

	Property location is zoned correctly or will be prior to construction.	
<b>Application</b>	<p><u>HOME Subsidy Layering</u></p> <p>IFA shall evaluate the project in accordance with subsidy layering guidelines adopted by HUD for this purpose.</p>	Yes
<b>Application</b>	<p><u>Radon</u></p> <p>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.</p>	Yes
<b>Application</b>	<p><u>Local Support</u></p> <p>The application shall demonstrate local support for the proposed activity.</p>	Yes
<b>Application</b>	<p><u>HOME Certification</u></p> <p>The application shall include a HOME certification that the applicant will comply with all applicable state and federal laws and regulations.</p>	Yes
<b>Application</b>	<p><u>Evidence of Need</u></p> <p>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.</p>	Yes
<b>Application</b>	<p><u>Award Limit</u></p> <p>An award shall be limited to no more than \$1,000,000. CHDO - HUD limit max per unit</p>	Yes
<b>Federal 24 CFR 5</b>	<p><u>Ineligible Parties</u></p> <p>The following parties are not on the U.S. Dept. of HUD's debarred list: Ownership</p>	Yes

	Entity, General Partner, Co-General Partner, Developer, Co-Developer, and Management Company.	
<b>Federal 24 CFR 51, subpart B</b>	<p><u>Noise Abatement and Control</u></p> <p>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).</p>	Yes
<b>Federal 24 CFR 92.202</b>	<p><u>Site &amp; Neighborhood Standards</u></p> <p>Incorporate the site and neighborhood standards of the HOME 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.</p>	Yes

<b>Federal 24 CFR 92.205</b>	<p><u>Minimum HOME Subsidy</u></p> <p>The HOME subsidy to the project is at least \$1,000 per unit.</p>	Yes
<b>Federal 24 CFR 92.250</b>	<p><u>Per Unit Dollar Limits</u></p> <p>The total amount of HOME funds awarded on a per-unit basis may not exceed the per unit dollar limitations established annually by HUD.</p>	Yes
<b>Federal 24 CFR 92.250</b>	<p><u>GAP Financing</u></p> <p>The application shall show that a need for HOME assistance exists after all other financial resources have been identified and secured for the proposed activity.</p>	Yes
<b>Federal 24 CFR 92.250</b>	<p><u>Pro Rata or Fair Share</u></p> <p>The total amount of HOME funds awarded on a per-unit basis cannot exceed the (2012) pro rata or fair share of the total project costs</p>	Yes

	when compared to a similar unit in a rental activity.	
<b>Federal 24 CFR 92.251</b>	<p><u>Property Standards</u></p> <p>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.</p>	If new const.
<b>Federal 24 CFR 92.251</b>	<p><u>Property Standards</u></p> <p>All rental housing involving rehabilitation shall be rehabilitated in accordance with Iowa's Minimum Housing Rehabilitation Standards.</p>	If rehab or acq/rehab
<b>Federal 24 CFR 92.251</b>	<p><u>HOME Handicapped Accessibility Requirement</u></p> <p>If new construction or acq./new const., the project must have at least 5% Handicapped Accessible units.</p> <p>If acq., acq./rehab., or rehab., and has 15 or more units, the project must have at least 5% Handicapped Accessible units.</p>	Yes
<b>Federal 24 CFR 92.251</b>	<p><u>HOME Handicapped Accessibility Requirement</u></p> <p>If new construction or acq./new const., the project must have at least 2% Visual/Hearing Handicapped Accessible units.</p> <p>If acq., acq./rehab., or rehab., and has 15 or more units, the project must have at least 2% Visual/Hearing Handicapped Accessible units.</p>	Yes
<b>Federal 24 CFR 92.252</b>	<p><u>HOME Rent Limits</u></p> <p>HOME-assisted units meet HOME rent limits.</p>	Yes

<b>Federal 24 CFR 92.252</b>	<u>HOME Income Limits</u> For a rental project, all (HOME)assisted units shall be rented to low-income households; at initial occupancy, at least 90% of the units shall be rented to households with incomes at or below 60% AMI and, for projects with 5 or more (HOME-assisted) units, at least 20% of the units shall be rented to very low-income households.	Yes
<b>Federal 24 CFR 92.504</b>	<u>Project Timeline</u> Activity timeline for completing the project is within allowed HUD guidelines.	Yes
<b>State 265-39.3(16)</b>	<u>Eligible HOME Applicant</u> Application is from a qualified, eligible HOME applicant.	Yes
<b>State 265-39.4(16), 39.4(1)</b>	<u>Eligible HOME Activities</u> Funds requested are for an eligible HOME activity/activities.	Yes
<b>State 265-39.6(16), 39.6(1)</b>	<u>HOME Purpose &amp; Consolidated Plan</u> The application shall propose a housing activity consistent with the HOME fund purpose and eligibility requirements and the state consolidated plan.	Yes
<b>State 265-39.6(2)</b>	<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
<b>State 265-39.6(2) &amp; IDPH</b>	<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 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 award or denial shall be emailed to each Applicant after the IFA Board meeting. The IFA Board of Directors meet the first Wednesday of each month.

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