



2026 HOME RENTAL APPLICATION MANUAL



HOME STAFF
IFA/1963 BELL AVENUE

INSTRUCTIONS

Users and Access

Username. All users must have own username. Username requests can be submitted through the online application by selecting *Request One*. Username and passwords must not be shared.

Granting Access. Each applicant is responsible for granting and removing application access to each user. The person who creates the application is the “creator” and is responsible for granting and removing application access to authorized users. IFA recommends that applicants complete a regular review of users’ access to each application.

Overview

Application Tabs. Complete entry of each application Tab, save, upload required Exhibits, 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 is received when *Submit* is selected, go 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. The questions and answers will be placed on the 2026 HOME Round webpage. Do not contact HOME staff directly.

Binding Obligations. If HOME funds are awarded to a proposed project, the representations made in the application bind the applicant and will become a contractual obligation of the developer, the ownership entity, and any entity the developer or ownership entity represents.

Complete Application. Complete applications for the 2026 HOME funding round must be submitted through the online application by **Friday, May 1, 2026, at 4:00 PM.**

After Application Submittal. No applicant may contact any IFA staff or Board members, nor can anyone contact staff or Board members on the applicant’s behalf, in order to influence IFA’s application review or award decisions.

Threshold Deficiency Review Period. Once submitted, the application will be unavailable until such time that the applicant needs to make a change, per IFA's request, during the threshold deficiency review period. An email, sent directly from the HOME system, will notify the applicant of the deficiencies for review and response. An email will also be sent to notify the applicant if there are no deficiencies.

The applicant will respond in the application by making corrections within the appropriate application tabs and/or providing additional/updated exhibits. The application with deficiency response must be submitted within one week. If the deficiencies are not responded to, the application will no longer be considered for an award.

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

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

The deficiency period is the only opportunity to respond to deficiency items, and only those items in IFA's deficiency report will be considered.

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 makes the final determination of the application's score. Scoring determinations made in prior years have no impact on the current funding round.

PROJECTS THAT DO NOT PASS THRESHOLD WILL NOT BE SCORED.

Award of HOME Projects. The Iowa Finance Authority Board of Directors will issue awards for the current funding round at the IFA Board meeting. Award decisions will be made based on a combination of application score, applicant capacity, applicant past performance, and competitiveness of application. A written notification of a HOME award or denial will be emailed to each applicant after the IFA Board meeting. IFA Board of Directors meets the first Wednesday of each month.

DISCLAIMER: This document provides an overview of the HOME TBRA Application and is not all-inclusive or a reiteration 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.

RENTAL APPLICATION

GUIDANCE BY TAB (Be sure to **save each tab before exiting** the application)

GENERAL INFORMATION

Summary of the application, this is not an all-inclusive document.

PROJECT NAME & DESCRIPTION

Project Name. This project name will remain with your project throughout the Period of Affordability.

Project Type. Select from dropdown:

- New Construction
- Gut Rehabilitation
- Acquisition/new construction (adaptive reuse)
- Acquisition/rehab

Occupancy Type. Select from dropdown:

- Family
- 55 years
- 62 years

Targeted Population. Select from dropdown:

- 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
- Victims of domestic violence

Designated Units. Select from dropdown:

- N/A
- Persons with HIV/AIDS
- Persons with HIV/AIDS that are chronically homeless
- Homeless persons and families
- Homeless persons and families that are chronically homeless

Total Project Units. Enter number

Total Project HOME Units. Enter number

Type of HOME Units. Fixed/Floating

Number of fully accessible. Enter number, round up

Number of units for hearing/visually impaired. Enter number, round up

Historic Place. Yes/No

Describe Accessory Building and Area. Describe

Describe Commercial Facilities. Describe

Description of the project. Provide a complete description of the project that can be included in communications with the public and contract documents.

Freestanding Structure. HOME funding cannot be used for the rehabilitation or construction of any freestanding structures, including detached garages and community centers, If these structures are included in your project, describe sources of funding for rehab/construction.

Need for proposed project. Describe

Provide local support for the project. Describe

Ownership Entity must, 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. All draws must go through ITG. Yes, I agree.

Did a member of the applying entity attend or view the HOME Application webinar? Yes/No

Will the project implement one or more of the following environmental measures?

Select all that apply:

- No smoking policy
- Water conserving measures
- Energy efficient water heaters
- Energy Star certified

Will the project be located near the following services? Select all that apply (will need to upload map):

- Full-service grocery store
- Senior center
- Medical services
- Public library
- Park (city, state, or local)
- Licenses day care center (family projects only)
- Pharmacy
- Community college
- Convenience store

Will the project be located near these other services? Select all that apply (will need to upload map):

- Public transportation
- Schools

Provide local support for the project. Describe

SITE DESCRIPTION

Is this a scattered site project? Yes/No

Sites.

- Address or Location Identifier
- Total site acreage
- Total # of parcels
- Identify infrastructure currently available and utilities available with adequate capacity that will be required for this site: Sewer/Water/Paved road/Electric/Gas
- Explain if any utilities are not adequate or not currently available
- Is the demolition of any buildings required or planned: Yes/No
- Are existing buildings on the site currently occupied? Yes/No. If Yes, explain
- Will any of the tenants be displaced? Yes/No. If Yes, what type of displacement. If Yes, describe the relocation plan and/or assistance that is to be provided to the tenants.
- Is any portion of the site or adjoining sites located within ½ mile of storage areas for hazardous or noxious materials, sewage treatment plant or other solid waste facility, businesses or equipment producing foul odors or excessive noise or the site is a prior storage area for hazardous or noxious materials, sewage, or other solid or liquid waste? Yes/No. If Yes, describe.
- Does any portion of the site or adjoining sites have slope/terrain that is not suitable for the project based on extensive earth removal/replacement required for development? Yes/No. If Yes, describe.
- Does any portion of the site or adjoining sites have obvious physical barriers to the project? Yes/No. If Yes, describe.
- Is any portion of the site or adjoining sites located within ½ mile of a sanitary landfill or sites that were previously used as a sanitary landfill? Yes/No. If Yes, describe.
- Is any portion of the site or adjoining sites located within a flood hazard area, or on a 100-year flood plain as determined by the Iowa Department of Natural Resources, FEMA or FIRMA map or a designated wetland? Yes/No. If Yes, describe.
- Is any portion of the site or adjoining sites located within 500 feet of an airport runway clear zone or accident potential zone? Yes/No. If Yes, describe.
- Is any portion of the site or adjoining sites landlocked? Yes/No. If Yes, describe.

Is this project in 2 or more market areas (If Yes, the IFA Market Information for Proposed Project form is required for each market)? Yes/No

Will the project have one minimum 5' wide ADA-compliant roll-in shower per each ADA fully accessible unit? Yes/No

SITE CONTROL

Name of Entity that has site control for the project. Entity name

Does the current owner of the property have fee simple ownership of the property (site/building)? Yes/no

ZONING

What is the present zoning classification of the site? Enter zoning

Is the site zoned appropriately for the proposed project? Yes/No

Describe permits/variances required & schedule for obtaining them. Describe

OWNER ENTITY

Company Name. Company name, address, city, state, zip, phone

Entity Type. Select from dropdown:

- Limited Partnership
- Limited Liability Partnership
- Limited Liability Limited Partnership
- Limited Company
- Limited Liability Company
- Limited Liability Limited Company
- Public Agency
- Other

Is Ownership Entity a nonprofit? Yes/No

UEI Number. 12 alpha/digits, no include dashes

Tax Identification Number. Tax identification for ownership entity.

Is the applicant seeking funding under the CHDO set aside? Yes/No

Ownership Entity components. Enter relevant information

Contact Person. First name, last name, address, city, state, zip code, phone number and email address. *This person will receive all communication regarding the application, including any deficiencies that may be sent.*

PROJECT TEAM

List each team member that will be working with the project. There should be adequate team members involved to ensure the success of the project. Identify the authorized signatory for the project. *Only one person per team member type can be listed except for team member type "Other".*

- Team Member Type
- Team Member Is
- Legal Entity Type
- Identify of Interest: Yes/No
- Legal Entity Name
- Address
- City
- State
- Zip
- Contact First Name
- Contact Last Name
- Title
- Phone
- Email
- Years of Related Experience

CAPACITY

Describe the capacity of each team member.

Developer housing experience in last five years. Date, existing project name, and city.

Ownership Entity/General Partner housing experience in last five years. Date, existing project name, and city.

Management Company housing experience in last five years. Date, existing project name, and city.

List all other IFA programs where an award or financing was received during the past 5 years for developer and Ownership Entity/General Partner. Describe

Have any of the Project Team members participated in a HOME project that failed to reach contractual project benchmarks? Yes/No. If yes, name the team member and explain.

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? Yes/No. If yes, name the team member and explain.

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? Yes/No. If yes, explain.

Have any of the Project Team members worked on any housing project/program where it had to repay or forfeit any funds awarded by a federal, state, or local program? Yes/No. If yes, explain.

Have any of the Project Team members worked on any housing project/program

which currently has an outstanding noncompliance issue for a federal, state, or local program? Yes/No. If yes, explain.

Have any of the Project Team members any turnover in key staff positions in the past two years. Yes/No. If yes, explain.

Name the Project Team member that has National Environmental Protection Act (NEPA) experience. Name, title, company, number of years experience, and approximate number of environmental reviews completed.

Does your staff have experience in developer experience, marketing experience, property management experience, and/or contract management experience. Yes/No. If yes, enter experience under the applicable category in the *Staffing Experience for Proposed Project* section.

Staffing Experience for Proposed Project

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. Full-time employees as defined by the IRS. Does not include Board members, volunteers, and consultants who do not have responsibility for day-to-day operations.

CONTRACT EMPLOYEES. Individuals who are paid but not entitled to receive benefits.

PARTNERS. Legally or contractually defined role in the control of the project decision making (e.g., tax credit investors, joint ventures, etc.).

OTHERS. 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 Experience

- Compliance (Program regulations, bldg. codes, & contractual responsibilities)
- Property Management
- Property Maintenance
- Lease/tenant relations
- Financial Management (Bookkeeping)
- Capital Planning

Contact Management Experience

- Design
- Construction
- Marketing
- Property Management
- Property Maintenance

PROJECT TIMETABLE

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

BUILDINGS

Enter information for each building/parcel.

Building

Address Information

- Address
- City
- State
- Zip
- Check if Primary Address
- Has this building previously received HOME funds: Yes/No. If Yes, provide dates.

Other Information

- Acquisition Cost
- Rehabilitation Cost
- Building is: New/Acquired
- Number of Stories
- Date constructed
- Type of Control. If Type of Control is Ownership, provide date acquired by applicant. If Type of Control is not Ownership, provide control doc expired on
- Is this building on or eligible for the National Register of Historic Places? Yes/No.

Utilities Included in Rent: Check all that apply

- Water/Sewer
- Electric
- Gas
- Other

Building Includes: Check all that apply

- Elevators/Number of elevators
- Accessory Buildings
- Commercial Facilities
- Other Facilities

Square Footage Information:

- Common Sq. Ft
- Commercial/Retail Sq. Ft

Units

- Type
- # Bedrooms
- # Baths
- Net Sq. Ft
- Unit Number
- Initial Occupancy AMI%
- Long-Term AMI%
- Occupancy Requirement
- Low/High Rent
- Unit Cost
- Monthly Rent
- Utility Allowance
- Is unit fully accessible? Yes/No
- Is unit visually/hearing impaired accessible? Yes/No

HOME units are: Fixed/Floating.

All units entered with similar bedroom counts are within 20 square feet in area:
Yes/No.

Do all units have similar amenities (fixtures, appliances, floor coverings, etc)?
Yes/No.

NOTE: If units are not comparable in size or amenities, the units must be fixed.

Total Hard Cost of construction/rehab for HOME-assisted units (not per unit):
Enter number.

Total Hard Cost of construction/rehab for non-HOME-assisted units (not per unit):
Enter number.

FUNDING SOURCES AND MATCH

Total Federal Contributions. Insert number.

Funding Sources for Project Costs. List sources of all funds for the proposed project.
These amounts must be included on the *Budget Tab*.

- Funding source type
- Name of entity providing funding source
- If source can be used for HOME match
- Amount
- Commitment date
- Rate
- Term
- Amortization
- Interim Costs

Additional Match. List any additional match that is not listed above and/or is non-cash
These amounts should not be included in the *Budget Tab*.

NOTE: If the project is located in a City Participating Jurisdiction, the project must include City HOME funds, if applicable.

NOTE: HOME is gap financing. 25% of the construction budget must be from another financing source. The application cannot be submitted unless this requirement is met. *CHDOs do not need to meet this requirement.*

BUDGET

Project Cost Breakdown For each line, enter total amount of costs not funded by IFA HOME and costs funded by IFA HOME.

- Purchase Land and Building
- Site Work
- Construction
- Professional Fees
- Interim Costs
- Financing Fees and Expenses
- Soft Costs
- Developer Fees
- Project Reserves

NOTE: Totals will auto-calculate.

PROJECTED ANNUAL OPERATING COSTS

For each line, enter projected annual operating costs.

- Administrative Expenses
- Operating & Maintenance Expenses
- Taxes and Insurance
- Other Expenses

NOTE: Totals will auto-calculate.

20-Year Property Taxes. Enter net real estate and personal property taxes for each year.

PROJECTED CASH FLOW

For each line, enter number.

- Inflation Rate
- Operating Income
- Operating & Maintenance Expenses

NOTE: Totals will auto-calculate.

EXHIBITS

Upload all exhibits that are required for the project.

REQUIREMENTS

Thoroughly read all requirements and check the *I agree* box at the bottom of the page. *If awarded, applicants will be held accountable to all the requirements listed.*

OVERVIEW

No action needed. Tab provides a summary of information that was entered into the application.

HOME UNIT ANALYSIS

No action needed. Tab provides a summary of information that was entered into the application.

ERROR LOG

Tab provides a list of errors in the application and shows what needs to be corrected before submission.

SCORING CRITERIA

The Table below lists the scoring category and guidance on preliminary scoring points for projects that pass Threshold.

Category	Description	Points
Match	Points will be awarded if the application lists match for the project and the required exhibit and 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.	0pt: 1-8% eligible match 3pts: 9-16% eligible match 6pts: 17-24% eligible match 9pts: 25+% eligible match
Targeted Populations	Points will be awarded for targeting one of these population: 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	0pt: Project does not include targeted population 5pts: Project includes targeted population
CDC Social Vulnerability Index	Points will be awarded based on the proposed project's county's level of vulnerability	0pt: Low 2pts: Low to Moderate 5pts: Moderate to High 10pts: High
Fully accessible units	Points will be awarded if the minimum percentage of fully accessible units are met (5% fully accessible; 2% hearing/visually accessible)	0pt: Fully accessible units not met 10pt: Fully accessible units met
Fully accessible units	Points will be awarded if there is one minimum 5' wide ADA-compliant roll-in shower per each ADA fully accessible unit.	0pt: No ADA-compliant roll-in shower 1pt: At least one ADA-compliant roll-in shower
Impact on the Environment	Points will be awarded for each of the following features (2 points per feature): No Smoking Policy, Water Conserving Measures, In-Unit Energy Efficient Water Heater	0pt - 6pts
Location Near Services	Points will be awarded for each of the following services within 2 miles of project (1 point per service): 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. Points will be awarded for each of the	0pt - 11pts

	following services within 1/2 miles of project (1 point per service): Public Transportation, Schools	
Historical Significance	Points will be awarded if the project has the proper historic designation and historical significance documentation.	0pt: Not historically significant 2pts: Historically significant
CHDO	Points will be awarded if applicant is a Community Housing Development Organization (CHDO)	0pt: Not a CHDO 9pts: CHDO
Capacity	Points will be awarded based on IFA's review of the <i>Capacity</i> section.	0pt: High Risk 5pts: Medium Risk 10pts: Low Risk
Iowa Thriving Communities	Points will be awarded if project is located in Iowa Thriving Communities (Appendix O)	0pt: Project not located in community listed in Appendix O 5pts: Project located in community listed in Appendix O
Disaster Areas	Points will be awarded if the project is located in the city(ies) that are Federally declared disaster areas (Appendix L).	0pt: Project not located in city(ies) listed in Appendix L 5pts: Project located in city(ies) listed in Appendix L

RESOURCES

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

HOME APPENDICES

Appendix	Description
A	Tip Sheet & Links
B	HOME Maximum Per Unit Subsidy Limits
C	Underwriting Standards
D	Match Contribution Information
E	Restrictions on Lobbying
F	Providing Audits – Nonprofits and CHDOs
G	Providing Financial Statements – For-profit
H	Long Term Inspection Fees
I	Appraisal Information
J	Iowa’s Minimum Housing Rehab Standards
K	Iowa Title Guaranty Rate Sheet
L	CDC Social Vulnerability Index
M	Lead Based Paint Requirements
N	Noise Standards
O	Iowa Thriving Communities
P	Scope of Work
Q	CHDO Experience
R	Federal Disaster Areas
S	Choice Limiting Action

HOME EXHIBIT LIST

EXHIBIT	Description	Required
H-1	Application Certification (IFA Required Form)	Yes
H-2	Assurances Signature Page (IFA Required Form)	Yes
H-3	Applicant Recipient Disclosure Update Form (HUD 2880)	Yes
H-4	W-9 Form	Yes
H-5	Minority Impact Statement (IFA Required Form)	Yes
H-6	No Lobbying Certificate (IFA Required Form)	If HOME Request is over \$100,000
H-7	Disclosure of Lobbying Activities	If applicable

H-8	Local Support	Yes
H-9	Nonprofit Status	Yes
H-10	Good Standing with Secretary of State	Yes
H-11	Color Photos of Property & Adjacent Properties	Yes
H-12	Letters of Intent from lending institutions	Yes
H-13	Commitment Letter from other sources	Yes
H-14	Utility Allowance Document	Yes
H-15	Market Information for Proposed Project (IFA Required Form)	Yes
H-16	3 Years Balance Sheets	Yes
H-17	3 Years Profit & Loss Statements	Yes
H-18	Relocation Plan	If existing building
H-19	Evidence of Control or Ownership of Site(s)	Yes
H-20	Map with Site Locations	Yes
H-21	Site Plan(s)	Yes
H-22	Plans & Specifications	Yes
H-23	Noise Abatement & Control	Yes
H-24	FEMA FIRMETTE Map of each Site	Yes
H-25	Seller's Acknowledgement Form	Yes
H-26	CHDO Certification Checklist Appendix C&D	If applying for CHDO
H-27	CHDO Certification Checklist	If applying for CHDO
H-28	Historical Significance	If applying for Historical Significance points
H-29	Ownership Entity	If OE is for-profit AND not sole proprietor
H-30	Documentation for GP/MM & Co-GP/MM	If Project Team includes GP/MM or Co-GP/MM
H-31	Scope of Work	If rehab or acq/rehab
H-32	Tax Abatement Documents for Match	If tax abatement listed as Match not listed in funding sources
H-33	Match Documentation (IFA Required Form + Letters of Commitment from match sources)	If applying for Match points
H-34	Site & Neighborhood Standards	Yes
H-35	Location Near Services	If applying for Location Near Services points

THRESHOLD ITEMS

EXHIBIT	Description	Required
Application	Complete Application	Yes
Application	Compliance with IFA Programs: IFA determines, at its discretion, whether the Subrecipient or partners listed for the project are delinquent or out of compliance with another IFA program.	Yes
Application	Flood Zone: No assisted unit may be located in an identified or proposed flood zone.	Yes
Application	Wetland: No assisted unit may be located in a designated wetland.	Yes
Application	Repay/Forfeit Funds: The Ownership Entity/General Partner(s) has not worked on any housing project/program where it had to repay or forfeit any federal, state, or local funds.	Yes
Application	Site Control: Applicant must have site control valid for nine months following the HOME round closing date.	Yes
Application	Zoning: Property location is zoned correctly or will be prior to construction.	Yes
Application	Underwriting: Application met IFA's underwriting standards.	Yes
Application	HOME Subsidy Layering: IFA will evaluate the project in accordance with subsidy layering guidelines adopted by HUD.	Yes
Application	Radon: All projects must be tested for radon. If a project tests over 4.0 pCi/L, a mitigation system must be installed.	Yes
Application	HOME Certification: Application includes HOME Certification that Ownership Entity will comply with all applicable state and federal laws and regulations.	Yes
Application	Local Support: Application demonstrates local support for proposed activity.	Yes
Application	Evidence of Need: Application provides evidence of need, potential impact, feasibility, and impact of proposed activity in the existing housing market.	Yes
Application	Award Limit: Award request is no more than \$500,000.	Yes
State	Lead Based Paint: Applicant agrees to use a Lead Safe Renovator for lead-based paint issues.	If pre-1978 home.
Federal 24 CFR 5	Ineligible Parties: The following parties are not on HUD's debarred list: Ownership Entity, General Partner, Co-General Partner, Developer, Co-Developer, and Management Company	Yes
Federal 24 CFR Part 92.202	Site & Neighborhood Standards: Incorporate the site and neighborhood standards of the HOME program to demonstrate proposed project locations will not contribute to undue concentration of affordable housing in RCAP areas.	Yes
Federal 24 CFR Part 92.216	Gap Financing: Application shows a need for HOME assistance exists after all other financial resources have been identified and secured for proposed activity.	Yes

Federal 24 CFR Part 92.250	Per Unit Dollar Limits: The total amount of HOME funds awarded on a per-unit basis may not exceed the per unit dollar limits established annually by HUD.	Yes
Federal 24 CFR Part 92.250	Pro Rata or Fair Share: The total amount of HOME funds awarded on a per-unit basis cannot exceed the pro rata or fair share of the total project costs when compared to a similar unit in a rental activity.	Yes
Federal 24 CFR Part 92.205	Minimum HOME Subsidy: HOME subsidy is at least \$1000 per unit.	Yes
Federal 24 CFR Part 92.252	HOME Income Limits: All HOME-assisted units will be rented to low-income households. At initial occupancy, at least 90% of units will be rented to households with incomes at/below 60% AMI. For projects with 5+ HOME-assisted units, at least 20% of units will be rented to very low-income households.	Yes
Federal 24 CFR Part 92.252	HOME Rent Limits: HOME-assisted units meet HOME rent limits.	Yes
Federal 24 CFR Part 92.251	Property Standards: All newly constructed housing will be constructed in accordance with any locally adopted and enforced building codes, standards, and ordinances. In the absence of such codes, the International Code Council's International Residential Code apply.	If new construction
Federal 24 CFR Part 92.251	Property Standards: All rental housing involving rehabilitation will be rehabilitated in accordance with the Iowa Minimum Housing Rehabilitation Standards apply.	If rehab or acq/rehab
Federal 24 CFR Part 92.251	HOME Handicapped Accessibility: If new construction or acq/new construction, the project must have at least 5% handicapped accessible units.	Yes
Federal 24 CFR Part 92.251	If acq, acq/rehab, or rehab and has 15+ units, the project must have at least 5% handicapped accessible units.	
Federal 24 CFR Part 92.251	HOME Handicapped Accessibility: If new construction or acq/new construction, the project must have at least 2% visual/hearing handicapped accessible units.	Yes
Federal 24 CFR Part 92.251	If acq, acq/rehab, or rehab and has 15+ units, the project must have at least 2% visual/hearing handicapped accessible units.	
Federal 24 CFR 51, subpart B	Noise Abatement and Control: Interior noise level does not exceed 45 decibels (dB).	Yes
Federal 24 CFR Part 92.504	Project Timeline: Activity timeline is within HUD guidelines.	Yes
Federal	Eligible HOME Applicant	Yes
Federal	Eligible HOME Activities	Yes
Federal	HOME Purpose & Consolidated Plan: Application proposes housing activity consistent with HOME purpose and eligibility requirement and with the state consolidated plan.	Yes
Federal	Capacity: Application documents applicant's capacity to administer proposed activity.	Yes
Federal	General Administration: Application identifies general administrative costs that do not exceed 10% of total HOME request. Local government and nonprofit subrecipients only.	If applying for Admin Funds

