

# 2026 HOME TBRA 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](mailto: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 that 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 the time allowed (generally 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.

# TBRA 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.

**Occupancy Type.** Family

**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

**Cities to be Served:** Select area of service.

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

**Does Public Housing Authority have a waiting list?** Yes/No

**How many households are on the Public Housing Authority waiting list?** Number

**What is the average wait period?** Select from the dropdown:

- 0-3 months
- 4-6 months
- 7-9 months
- 10-12 months
- 13+ months

**In addition to the Public Housing Authority wait list, what other evidence of need is available?** Describe

**Will this activity be coordinated with other housing programs?** Describe

**Provide local support for the project.** Describe

**The project must serve tenants at or below 80% AMI and 90% of the families assisted must be at or below 60% AMI. What AMI levels does this project intend to serve?** Describe

**Assistance will not be for more than 2 years.** Yes/No

**Do you have a plan for tenants to work toward self-sufficiency?** Yes/no

**List the minimum tenant dollar contribution or the percentage of income established for the project.** Enter dollar amount or % of income into correct box

**Applicant agrees that TBRA units must meet HUD standards.** Yes/No

**Applicant agrees that all HOME assisted units will meet the lease term, the prohibited lease provisions, the termination of tenancy, and the tenant selection criteria established in HUD Section 92.253.** Yes/No

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

### **SUBRECIPIENT ORGANIZATION**

**Company.** Company name, address, city, state, zip code, and phone.

**General Information.** Select from dropdown:

- Nonprofit
- Other

**UEI Number.** 12 alpha/digits, no include dashes

**Tax Identification Number.** Tax identification for ownership entity.

**Contact Person.** First name, last name, title, 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".*

### **CAPACITY**

**Has the Subrecipient Organization previously submitted a State HOME application?** Yes/No

**Has the Subrecipient Organization previously received a State HOME award?** Yes/No

**List prior TBRA HOME funded projects that the Subrecipient Organization has administered in the last five years.** Describe

**If this is your first HOME program project, are you proposing that any other**

**HOME projects with any state or local programs will be undertaken simultaneously.** Select: Yes/No/Not 1<sup>st</sup> HOME project.

**Provide a description of any other past programs or projects that the Subrecipient Organization administered which successfully promoted low-income housing within the last five years. (Exclude HOME TBRA projects).** Describe

**Has the Subrecipient Organization 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, describe

**Has the Subrecipient Organization worked on any housing project/program which currently has an outstanding noncompliance issue for a federal, state, or local program?** Yes/No. If yes, describe

**Has the Subrecipient Organization experienced any turnover in key staff positions in the past two years.** Yes/No. If yes, describe

**Does your staff have experience in organization, marketing, and/or property management.** 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.

#### **A. Applicant Organization Experience**

- Previous TBRA HOME Project
- Rent Subsidy Program (Section 8 vouchers, etc)

#### **B. Marketing**

- Advertising
- Leasing (Initial Leasing Experience)
- Technical Services (if applicable)

#### **C. Property Management**

- Compliance (Program regulations, bldg. codes, & contractual responsibilities)
- Property Manager
- Property Maintenance
- Lease/Tenant Relations (Includes rent collection, re-leasing, termination,

- other tenant-related issues)
- HQS/NSPIRE Inspection Experience Tenant Income Determination
- Lead Based Paint/Asbestos

## PROJECT TIMETABLE

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

## FUNDING SOURCES AND MATCH

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

**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*.

## BUDGET

### Project Cost Breakdown

**Rent Subsidies.** Insert number into the appropriate size of units anticipated for TBRA tenants.

- Estimated Amount of Monthly Rent Subsidy per Unit Size
- # of Families to Receive this Subsidy Amt.
- # of months to be Provided

**Total Rent Subsidies.** Insert number.

- Amount funded by other sources
- Amount funded by HOME

**Security Deposits.** Insert number.

- Average Amt. of Security Deposit
- # of Families to Receive Security Deposit Assistance
- Amount Funded by Other Sources
- Amount Funded by HOME
- How many of the families receiving security deposit assistance in Line B will NOT receive a rent subsidy listed in the Rent Subsidies section?

### Utility Deposits

- Average Amt. of Utility Deposit per Unit Size
- # of Families to Receive Utility Deposit Assistance
- Amount Funded by Other Sources
- Amount Funded by HOME
- How many of the families receiving utility deposit assistance in Line B will NOT receive a rent subsidy listed in the Rent Subsidies section?

### **Housing Inspection Costs**

- Average Cost of Property Inspection
- Estimated Number of Inspections
- Amount Funded by Other Sources
- Amount Funded by HOME

### **Income Eligibility Costs**

- Average Cost of Determination
- Estimated Number of Determinations
- Amount Funded by Other Sources
- Amount Funded by HOME

**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.

### **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 <b>and</b> 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.	<b>0pt:</b> 0-4% eligible match <b>3pts:</b> 5-9% eligible match <b>6pts:</b> 10-14% eligible match <b>9pts:</b> 15-20% eligible match <b>15pts:</b> 21+% eligible match
Targeted Population	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.	<b>0pt:</b> no targeted population <b>10pts:</b> one or more targeted population
Rent Subsidies	Points will be awarded for projects that show 85% or more of the estimated number of assisted households will receive rent subsidies.	<b>0pt:</b> less than 85% of assisted households receive rent subsidies <b>10pts:</b> 85+% assisted households receive rent subsidies
Capacity	Points will be awarded based on IFA's review of the <i>Capacity</i> section.	<b>0pt:</b> High Risk <b>5pts:</b> Medium Risk <b>10pts:</b> Low Risk

# RESOURCES

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

## HOME APPENDICES

Appendix	Description
A	Tip Sheet & Links
B	TBRA Match Contribution Information
C	HOME Administration Funds
D	Restrictions on Lobbying
E	Providing Audits – Nonprofit and Local Governments
F	Technical Services

## HOME EXHIBIT LIST

EXHIBIT	Description	Required
H-1	Application Certification (IFA Required Form)	Yes
H-2	Assurances Signature Page	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	PHA Rent Standards	Yes
H-12	PHA Utilities	Yes
H-13	Self-Sufficiency Plan	If applicable
H-14	Waiting List Letter from PHA	If applicable
H-16	Match Documentation (IFA Required Form)	Yes

# 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	Repay/Forfeit Funds: The Subrecipient has not worked on any housing project/program where it had to repay or forfeit any federal, state, or local funds.	Yes
Application	Project Timeline: Project must be completed within 24 months of the executed contract.	Yes
Application	Local Support: Application demonstrates local support for proposed activity.	Yes
Application	HOME Certification: Application includes HOME Certification that Subrecipient will comply with all applicable state and federal laws and regulations.	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
Federal 24 CFR Part 92.909	Rents: Gross rents do not exceed the applicable rent standard and are reasonable, based on rents for comparable unassisted units.	Yes
Federal 24 CFR Part 92.909	NSPIRE Standards: All TBRA-assisted units will meet NSPIRE standards.	Yes
Federal 24 CFR Part 92.216	Household Income: Only households with incomes at/below 80% AMI will be assisted; 90% of households will have incomes at/below 60% AMI.	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 92.504	Project Timeline: Timeline for completing project is within allowable 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

