

**REQUEST FOR PROPOSALS
FOR 2009-2010
HOUSING AND COMMUNITY DEVELOPMENT**

**CONSTRUCTION & ACQUISITION OF REAL PROPERTY
APPLICATION**

ISSUED BY:

**CHESTER COUNTY
DEPARTMENT OF COMMUNITY DEVELOPMENT**

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APRIL 2008

Chester County Board of Commissioners
Carol Aichele, Chair
Terence Farrell
Kathi Cozzone

CONSTRUCTION AND ACQUISITION OF REAL PROPERTY APPLICATION

◆ <u>Section A: Forms and Certifications</u>	1
Includes an application checklist, summary sheet, listing of community support and notification, and certifications. Read and complete each page carefully.	
◆ <u>Section B: Narrative Summary</u>	9
Seeks introductory information about the proposed activity. Be sure to answer each question.	
◆ <u>Section C: Financing</u>	12
Seeks specific information about the cost of the activity and sources of funding. Be sure to double check figures and calculations.	
◆ <u>Section D: Management and Site Control</u>	16
Seeks additional activity details.	
◆ <u>Section E: Construction</u>	18
Seeks specific information about the building to be constructed or rehabilitated and the scope of work.	
◆ <u>Section F: Housing Development</u>	19
<u>For housing proposals.</u> Seeks specific information about the housing development, planned amenities, and supportive services.	
<u>Requirements for housing activities</u> are also included at the end of the section as a resource.....	
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If you have any questions about the application, contact DCD at (610) 344-6900 or ccdcd@chesco.org.

SECTION A ~ FORMS AND CERTIFICATIONS

APPLICATION CHECKLIST: Unless otherwise indicated, the following elements are required. Please confirm that all of the required information is included with the application.

- _____ Application Summary Form
- _____ Municipal Notification (required of non-governmental applicants)
- _____ Evidence of Public Hearing (required of municipal applicants)
- _____ Resolution (municipal applicants)
- _____ Support Letters from Other County Departments (if funded by them)
- _____ Evidence of Community Support
- _____ Certification of Organizational Capacity
- _____ Affidavit of Tax Payment
- _____ Application Certification
- _____ Narrative Summary
- _____ Financing
- _____ Identification of Other Funds
- _____ Management and Site Control
- _____ Construction (if applicable)
- _____ Housing Development (if applicable)
- _____ Application Attachments (as required for each activity)
 - a) _____ List of officers and board members and their affiliations
 - b) _____ Date of most recent audit or financial statements

Type:

_____ OMB A-133

_____ Government Auditing Standards (Yellow Book)

_____ Unaudited financial statement

APPLICATION SUMMARY FORM

Organization Name:

Contact Person and Title*:

Address:

Telephone:

Fax:

E-mail address:

Web address:

Amount of funding requested:

Tax Identification Number:

Activity Location:

Total area to be served by activity (i.e. street addresses, census tract, municipality or countywide):

Activity Description:

Activity will address Consolidated Plan Goal # _____ Objective # _____

If the organization is submitting more than one application, rank them in order of importance. This application is ranked: #

Signature and Title of Authorized Official

Date

* The Contact Person will receive all mailings from the Chester County Department of Community Development, including the final award or rejection letter.

CERTIFICATION OF ORGANIZATIONAL CAPACITY

In completing this page, the applicant is certifying that they have the fiscal and organizational capacity to administer a grant in 2009 and 2010 and have had success in administering grants in the past. Any questions about this certification should be directed to DCD before the application is submitted.

	YES	NO
The applicant has the fiscal capability to operate a program on a cost-reimbursement basis. (Approximate waiting time is 30 days after submission of invoice.)		
The applicant has an adequate financial management system in place to maintain effective control and accountability over all funds, property, and other assets covered by this proposal.		
The applicant has an adequate financial management system in place to produce sufficient backup documenting costs for which reimbursement is sought.		
The applicant has the ability to maintain sufficient books, records, documents, and files to be made available for review and audit.		
The applicant currently has adequate facilities, equipment, and/or staff with the necessary areas of expertise to operate an effective activity.		
The applicant has adequate internal management procedures and separation of duties to prevent fraud and abuse.		
The applicant does not have any outstanding audit deficiencies or disallowed costs from previous programs or activities.		
The applicant has never had to pay back funds to the federal government.		
The applicant or its principals have never been debarred or suspended by the Federal government and the applicant is not the successor organization to one that was.		

Signature and Title of Authorized Official

Date

AFFIDAVIT OF TAX PAYMENT
(Individual)

The undersigned Affiant (hereinafter "Affiant"), being duly sworn, deposes and says that:

1. He/she has applied for funding through the Chester County Department of Community Development.
2. He/she understands that it is the policy of the County that such funding will not be made available to applicants whose Chester County, school district and/or municipal taxes are delinquent.
3. All of Affiant's County, school district and municipal taxes are now current.
4. He/she understands that this Affidavit is made to induce the County to fund Affiant.
5. He/she understands that this Affidavit is made subject to the provisions of Section 4903 of the Pennsylvania Crimes Code (18 Pa. C.S.A. §4903) and that false statements made herein shall be regarded as false swearing for purposes of criminal prosecution under said section.

Affiant

Sworn to and subscribed
before me this day
of , 200__.

Notary Public

AFFIDAVIT OF TAX PAYMENT
(Corporation/Partnership)

The undersigned Affiant (hereinafter "Affiant"), being duly sworn, deposes and says that:

1. He/she makes this Affidavit as the authorized representative of _____ which has applied for funding through the Chester County Department of Community Development.
2. He/she understands that it is the policy of the County that such funding will not be made available to applicants whose Chester County, school district and/or municipal taxes are delinquent.
3. All of Affiant's County, school district and municipal taxes are now current.
4. He/she understands that this Affidavit is made to induce the County to fund Affiant.
5. He/she understands that this Affidavit is made subject to the provisions of Section 4903 of the Pennsylvania Crimes Code (18 Pa. C.S.A. §4903) and that false statements made herein shall be regarded as false swearing for purposes of criminal prosecution under said section.

Affiant

Sworn to and subscribed
before me this day
of , 200__.

Notary Public

APPLICATION CERTIFICATION

I certify that the information in this application is, to the best of my knowledge, true and correct.

I recognize that the following actions by Chester County do not constitute a commitment by the County to finance the project:

1. Acceptance of this application.
2. Issuance of a request for a lead-based paint test for construction projects.
3. Issuance of a request for additional information.
4. Initiation of relocation process.

I understand that the County is not responsible for actions taken in reliance upon the prospective financial commitment of the County.

I understand that acceptance of an award of federal, state or county funding creates the obligation to comply with all applicable certifications, comply with record keeping and reporting requirements, and submit timely and accurate invoices with required backup and additional information, as required.

Date

By: _____
(Signature)

Name (Type or Print)

(Title)

Sworn to and subscribed
before me this day
of , 200__

Notary Public

SECTION B ~ NARRATIVE SUMMARY

**All information included in Section B (*Narrative Summary*)
should be typed.**

Specifically discuss each of the following items in a number by number format:

1. Briefly describe the proposed activity, location (**include map**), geographic area to be served, and scope of work.
2. Explain the planning process involved in assessing the need, selecting this activity and completing this application. Clearly state the problem, factors contributing to the problem, and who is affected by it.

If the activity involves housing, explain the market for the type and location of the proposed housing. If the applicant has completed a market study for the Pennsylvania Housing Finance Agency, it may be submitted as part of this answer.

If the activity involves housing, would you be willing to provide at least 10% (or no less than 2 units) of affordable housing available to the special needs population identified with mental health disabilities, as identified in the 2008 Chester County Mental Health Housing Plan? If so, are you willing to partner with the necessary supportive service agencies through the Chester County Mental Health provider network? (Please contact DCD if you would like more information about the 2008 Chester County Mental Health Housing Plan.)

3. Describe applicant's experience administering this type of activity. Are there available administrative/fiscal resources to manage and complete this activity in a timely manner?
4. State the benefits expected to be achieved in the area or neighborhood, or by the targeted clientele, as a result of the activity. Explain how the activity will be evaluated.
5. Indicate the intended **Outcome** of the proposed activity. Choose at least one **Outcome Indicator**:

Rental Projects:

Number of rental units constructed: _____

Number of rental units acquired/rehabbed: _____

Homeownership Projects:

Number of homeownership units constructed: _____

Number of homeownership units acquired/rehabbed: _____

Number of owner-occupied units rehabbed: _____

Public/Non-profit Facility Improvements:

Number of persons with new access to a facility: _____

Number of persons with improved access to a facility: _____

Number of persons with new access to a service: _____

Number of persons with improved access to a service: _____

Household Income	
Population	Number Served
Number of households/persons with incomes below 30% of AMI	
Number of households/persons with incomes between 31% and 50% of AMI	
Number of households/persons with incomes between 51% and 80% of AMI	
Number of households/persons with incomes 81 % of AMI and greater	
Total households/persons served (must agree with Outcome Indicator selected above)	

Provide the source in identifying the proposed benefit: _____

*** If awarded funds, the applicant will be required to submit race and ethnicity data for the persons and/or households listed in the chart above.*

6. Explain how the activity promotes the goals of *Landscapes*, the County's Comprehensive Plan.
7. Explain how local (Chester County) contractors, sub-contractors, suppliers, materials and employees will be utilized to complete the proposed activity. How will be ensured that these local entities are aware of the bid opportunities?
8. List the estimated timetable for this activity. Assume funding is available in January 2009 when determining the commencement and completion dates of the activity.
9. Explain why County funding is necessary for the proposed activity.
10. Explain **specifically** how County funds would be used in the proposed activity.
11. Activities should involve coordination with other organizations; describe the relationship with the other organizations and the type and extent of coordination. Letters of commitment must

relate to the proposed activity and include the services to be provided by each party, the conditions for service, and eligibility criteria. Describe the activity's geographic location as it relates to other services providers, organizations, and public services.

NOTE:

The questions below are intended to assist you in your response to #11:

Does your agency or organization routinely make referrals or coordinate activities with other organizations?

If so, to which organizations do you make referrals or coordinate activities?

For what purpose do you make referrals or coordinate activities?

How often do you make referrals or coordinate activities?

12. Submit engineering and/or architectural plans and specifications for the activity. If plans and specifications are not complete, please explain and give the estimated date of completion.
13. List the required approvals already obtained from other governmental entities. If any required approvals are outstanding, explain why and state the estimated date when approval is expected.

SECTION C ~ FINANCING

Attach a construction budget using the format provided on the following page. List each activity item and the associated costs.

A professional engineer or architectural firm **must** prepare construction budgets. Be sure to state the source and date of the estimate.

Costs should be based on the best information available. More exact figures may be requested if needed. When preparing this data, consider that:

- The activity should be completed in one phase;
- **Federal Prevailing Wage Rates may apply to funded activities over \$2,000;**
- **State Prevailing Wage Rates may apply to funded-activities over \$25,000;**
- Cost estimates should be as detailed as possible; and
- The activity should be divided into work items. Highlight those portions of the activity, which should receive the highest priority if full funding is not possible.

IMPORTANT NOTE: Construction budgets should include a *Contingency* line item, in anticipation of possible cost increases throughout the progression of the activity. The availability of Community Development Block Grant (CDBG) funding to assist with cost overruns is **EXTREMELY** limited. Resources may not be available to grant requests for funding beyond the original contract amounts for 2009 and 2010 activities.

1. Using the following form, list all development costs.

Acquisition:

Land	\$	_____
Buildings	\$	_____
Subtotal	\$	_____

Construction Costs:

(Note: Please include unit cost breakdowns, where applicable, for construction costs.)

Site work (incl. demolition)	\$	_____
Structural construction	\$	_____
Contingency	\$	_____
Subtotal	\$	_____

Soft Costs:

Arch./Eng. Fees	\$	_____
Legal Fees	\$	_____
Accounting Fees	\$	_____
Admin/Development Fees	\$	_____
Survey	\$	_____
Title Work	\$	_____
Taxes	\$	_____
Insurance	\$	_____
Relocation	\$	_____
Other (specify):	\$	_____
Subtotal	\$	_____

Miscellaneous Costs:

Developer Fee	\$	_____
Project Reserve	\$	_____
Subtotal	\$	_____

TOTAL COSTS \$ _____

2. Submit applicant's most recent financial statements and/or audit.
3. Identification of Other Funds:
Please complete the form on the next page to describe all non-DCD sources of funding that are being explored for this project and the status of those inquiries.
 - * **If funding is secured, attach the confirmation letter.** If funding was denied, attach the denial letter stating the names of the source, the date funds were sought, and the reason for the denial.

Reimbursement of Costs and Expenses. Borrower shall reimburse County, upon demand, for all reasonable out-of-pocket costs and expenses incurred by the County associated with the County's involvement with the Project. Such costs and expenses shall include, without limitation, recording fees, appraisal fees, inspection fees, filing fees, surveys, premiums for title insurance as may be required by County, fees and expenses of any consultant engaged or employed by County, and all reasonable attorney's costs and fees.

2009 IDENTIFICATION OF OTHER FUNDS

APPLICANT: _____ ACTIVITY: _____

Identify funds other than those requested in this application for the proposed activity in 2009.

SOURCE OF FUNDS	AMOUNT (ESTIMATE OR ACTUAL)	USE OF FUNDS	STATUS OF REQUEST: SECURED, PENDING OR DENIED*
<u>FEDERAL/STATE/COUNTY</u>			
FEDERAL/STATE/COUNTY FUNDS SUBTOTAL:			
<u>DEVELOPER</u>			
DEVELOPER FUNDS SUBTOTAL:			
<u>PRIVATE/FOUNDATION</u>			
PRIVATE/FOUNDATION FUNDS SUBTOTAL:			
TOTAL OF OTHER FUNDS:			

* If funding is secured, attach a confirmation letter. If funding is denied, attach the denial letter stating the name of the source, the date funds were sought, and the reason for the denial.

SECTION D ~ MANAGEMENT AND SITE CONTROL

1. As applicable, provide the firm name, contact person, address, phone number, fax number, and e-mail address for the activity's:
 - Attorney
 - Owner
 - Architect
 - Contractor
 - Management Agent
 - Consultant
 - Bank

Provide a copy of the Partnership Agreement or provide an explanation of the Partnership.

Also indicate any member of the team that is a:

- Minority-owned or -controlled (at least 51%) business enterprise (MBE)
 - Woman-owned or -controlled (at least 51%) business enterprise (WBE)
 - Community Housing Development Organization (CHDO)
 - Non-profit organization
 - Section 3 organization (contractor located in a low-income area or employing low-income people)
2. Site Control
 - Who is the current owner of the property?
 - Indicate the type of site control (including option expiration date and renewability if applicable) and attach supporting documentation.
 - If this activity involves acquisition:
 - ▶ Provide evidence of market value and/or an appraisal of the property.
 - ▶ Describe the plans and timetable for acquisition.
 3. Is the property currently zoned for the proposed activity? If not, explain steps taken to date to obtain zoning approval. Also, explain steps to be taken in the future to obtain zoning approvals.
 4. What is the total land area in square feet to be improved by the proposed activity?
 5. Describe the current condition, use, and size of any buildings on the site.
 6. Is the site currently occupied?

If yes, review relocation guidelines for compliance. The cost of relocation should be included in the total activity cost.

7. List the utilities (water, sewer, gas, and electric) that are available at the site and which company is providing each service. If the activity involves a new or expanded use, submit documentation from each utility provider about capacity.
8. Have environmental studies (Phase I ESA, Phase II ESA, etc.) been prepared for the project area within the last six months? If yes, provide with the application.


Environmental studies may be required at the expense of the applicant prior to any funding commitment. The Department of Community Development will conduct a federally-mandated Environmental Review of the proposed project. Results of this review may affect or limit the proposed activity.

9. Based on previous use of the project area or project area structures, are there any known hazardous materials, site contamination, toxic chemicals, gases or radioactive substances in proximity to the site?
10. Is the activity located within a 100-year floodplain as designated by the Federal Emergency Management Agency?
11. Is the activity located within or will it affect a wetland area, as designated by the U.S. Fish and Wildlife Service National Wetlands Inventory.
12. Does the project area include property(s) eligible for or listed on the National Park Service National Register of Historic Places.
13. Is the project area located within a designated Historic District?
14. Are there any plans for demolition? If yes, describe:
15. List the estimated timetable for this activity. Assume funding is available in January 2008 when determining the commencement and completion dates of the activity.
16. When are County funds first anticipated to be needed?

STOP  **IF YOU ARE NOT SEEKING FUNDING FOR CONSTRUCTION OR HOUSING.**

SECTION E ~ CONSTRUCTION (For proposals that include construction.)

1. State whether the activity consists of new construction or rehabilitation.
2. Describe the structure and current or proposed use of the building to be constructed or rehabilitated.
3. Scope of work: List which of the following components will be addressed during the activity. Elaborate on any major construction work under each category:
 - Interior
 - Exterior
 - Roof
 - Plumbing
 - HVAC
 - ADA
 - Structural
 - Electrical
 - Other (explain)
4. List the existing and proposed systems for:
 - Structure
 - Exterior Finish
 - Heating
 - A/C

STOP  **IF YOU ARE NOT SEEKING FUNDING**
HERE **FOR HOUSING.**

SECTION F ~ HOUSING DEVELOPMENT

(For housing proposals.)

1. State which type of housing will be constructed:
 - Single-family
 - Multi-family (4 units or less)
 - Multi-family (5 units or more)
 - Single Room Occupancy
 - Transitional Housing
 - Permanent Supportive Housing
 - Other (explain)

2. What type of occupancy does the applicant propose (e.g. general, senior, special needs/accessible)?

3. How many units will be constructed for each occupancy type?

4. Using the Development Budget on the following page (page 20), provide the following housing development information.
 - Total development cost per dwelling unit
 - Total development cost per square foot
 - Mortgage amount per dwelling unit
 - Construction cost per dwelling unit
 - Construction cost per square foot
 - Secondary financing per dwelling unit
 - County subsidy per dwelling unit
 - Primary mortgage interest rate
 - Amortization term

5. Submit a rent proforma for at least a five-year period. If the applicant does not produce their own rent proforma, the form on the following page may be used. Be sure to reproduce sufficient pages and carry out the projections for at least a five-year period.

FOR USE WITH RENT PROFORMA FORM (page 21): Possible costs to consider when determining total category expenses.

Management

Payroll (including benefits)
Legal
Audit
Telephone
Marketing
Supportive services (human/social)
Office space
Supplies
Security
Equipment

Maintenance

Payroll (including benefits)
Grounds
Painting
Plumbing
Electrical
Supplies/Materials
Repairs
Extermination
Trash Removal

Utility:

Oil
Gas
Water
Sewer
Electric

DEVELOPMENT BUDGET

Development Budget: Projected Uses	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 5	Quarter 6	Quarter 7	Quarter 8
A. Acquisition Costs								
1. Land								
2. Existing Structures								
B. Site work (not included in construction contract)								
1. Demolition/Clearance								
2. Site Remediation								
3. Improvements								
C. Construction/Rehabilitation								
1. Other Site Work								
2. New Construction								
3. Rehabilitation								
4. General Requirements								
5. Builder's Overhead								
6. Builder Profit								
7. Performance Bond Premium								
8. Construction Contingency								
D. Architectural and Engineering Fees								
1. Architect Fee - Design								
2. Architect Fee - Supervision								
3. Engineering Fees								
E. Other Owner Costs								
1. Project Consultant								
2. Legal & Organizational Expenses								
3. Syndication Fees								
4. Market Study								
5. Survey								
6. Appraisal								
7. Environmental Survey								
8. Tap & Impact Fees								
9. Permitting								
10. Real Estate Attorney								
11. Construction Loan Legal								
F. Interim Costs								
1. Construction Insurance								
2. Construction Interest								
3. Construction Loan Origination Fee								
4. Title and Recording Fees								

G. Permanent Financing Fees and Expenses								
1. Credit Report								
2. Permanent Loan Origination Fee								
3. Mortgage Broker Fees								
4. Title and Recording								
5. Counsel's Fee								
H. Lender's Counsel Fee								
I. Initial Project Reserves								
1. Rent-Up Reserve								
2. Operating Reserve								
3. Replacement Reserve								
J. Tenant Relocation								
K. Project Administration & Management (during construction only)								
1. Marketing/Management								
2. Operating Expenses								
3. Taxes								
4. Insurance								
5. Interim Income (subtract from uses)								
L. Total Uses								
Development Budget: Projected Sources	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 5	Quarter 6	Quarter 7	Quarter 8
M. Interim Funding Sources								
1. Predevelopment Loan								
2. Acquisition/Construction Loan 1								
3. Acquisition/Construction Loan 2								
4. Bridge Loan (for equity)								
5. Grants								
N. TOTAL INTERIM SOURCES								
O. Permanent Funding Sources								
1. Equity Pay-in								
2. LITHC Proceeds								
3. Other Proceeds								
4. Permanent Loan 1								
5. Permanent Loan 2								
6. Grants								
P. TOTAL PERMANENT SOURCES								
Q. Cumulative Difference (Cash Position)								

RENT PROFORMA

Gross Income (GI):

Year /5

<u>Size of Units</u>	<u># of Units</u>		<u>Monthly Rent</u>		<u>Utility Cost</u>		
1-Bdrm Apts:	_____ units	x	_____ /mo	-	_____	x 12 =	\$ _____
2-Bdrm Apts:	_____ units	x	_____ /mo	-	_____	x 12 =	\$ _____
3-Bdrm Apts:	_____ units	x	_____ /mo	-	_____	x 12 =	\$ _____
4-Bdrm Apts:	_____ units	x	_____ /mo	-	_____	x 12 =	\$ _____
Other:	_____ S.F.	x	_____ /s.f./yr			=	\$ _____

Total GI\$ _____

Less Vacancy (- 5%)\$ _____

Effective Gross Income (EGI)\$ _____

Operating Expenses:

Management*	\$ _____
Maintenance*	\$ _____
Utilities*	\$ _____
Taxes	\$ _____
Insurance	\$ _____
Reserves for Replacement	_____

Total Operating Expenses (TOE)\$ _____

Net Operating Income (NOI) [EGI - TOE] \$ _____

Annual Debt Service Available [NOI/DCR; DCR=1.15] \$ _____

Debt Service (DS) - existing and/or proposed:

1st Mortgage	\$ _____
2nd Mortgage	\$ _____

Total DS\$ _____

CASH FLOW [Annual Debt Service Available - DS] \$ _____

*** Eligible costs for the category are defined in the glossary on the previous page.**

6. Describe any rental subsidies included with the activity and attach appropriate award letters.
7. List the appliances and furnishings that will be included in each unit or will be available to tenants at the facility.
8. For the following utilities, indicate the type of service to be provided and whether the utility service expense will be included in tenants' rent.
 - Heat (Gas, electric, etc.)
 - Hot Water (Gas, electric, etc.)
 - Cooking (Gas, electric, etc.)
 - A/C (Central air or window units)
 - Water (Well or public)
 - Trash/Rubbish (Private or public)
 - Sewage (Septic or public)
9. List all community facilities and amenities planned for the development.
10. List services to be provided to residents (e.g. counseling, job training, etc.)

Letters of commitment from all service providers listed above must be attached.

11. Who will manage the property after residency and what plans are in place for maintaining the property? Describe the experience of the management company and list properties currently managed by them.
12. List any awards or commendation bestowed on the developer as a result of work on prior housing developments.
13. List housing developments completed or under construction by the applicant. Include:
 - Location and date of completion
 - Occupancy type and number of units
 - Total project cost
 - Type and source of funding

Requirements for Housing Activities

The requirements for housing activities are based on the federal HOME Investment Partnerships Program (HOME) regulations.

Minimum/Maximum Funding Amounts:

HOME regulations establish guidelines about the maximum amount of funds that may be used to assist a housing unit. The maximum funds per housing unit in Chester County for 2007 are shown below (these do not include elevator units).

TYPE OF UNIT	MAXIMUM AMOUNT
Efficiency	\$ 122,062
One-bedroom	\$ 139,920
Two-bedroom	\$ 170,143
Three-bedroom	\$ 220,109
Four or more bedrooms	\$ 241,613

The maximum funds per unit are reviewed annually and are subject to change.

Minimum funding is \$1,000 per unit, not including other funds used for project costs.

Target Income Groups:

HOME-assisted rental housing must benefit only low-income households (households with annual incomes of 60 percent or less of the median family income in the Philadelphia Metropolitan Statistical Area).

Very low-income households (households with annual incomes of 50 percent or less of the median family income in the PMSA) must occupy at least 20 percent of assisted units for projects with five or more rental units.

HUD INCOME LIMITS FOR RENTAL PROJECTS

SIZE OF HOUSEHOLD	MAXIMUM ANNUAL FAMILY INCOME REQUIREMENTS*		
	MEDIAN FAMILY INCOME (MFI)	60% OF MFI (Low-Income)	50% OF MFI (Very Low-Income)
1 person	52,000	31,200	26,000
2 people	59,400	33,650	29,700
3 people	66,900	40,500	33,450
4 people	74,300	44,600	37,150
5 people	80,200	48,100	40,100
6 people	86,200	51,700	43,100

* The income limits apply to the Phila. Metropolitan Statistical Area and are subject to change on a periodic basis.

Maximum/Minimum Rents:

HOME-assisted units are subject to rent limits that make units affordable to low- and very low-income renters. There are two levels of rent limits — Low HOME Rents and High HOME Rents. — which are listed in the table below. The rent to be charged must include the cost of utilities. (See **Utility Rates in Appendix A**).

Low HOME Rents:

At least 20 percent of the HOME-assisted units in each project must have rents (not including tenant-paid utilities) which are 30 percent or less of annual incomes for households at 50 percent or less of median family income.

High HOME Rents:

The remaining HOME-assisted rental units must have rents (minus tenant-paid utilities) which are 30 percent or less of annual incomes for households at 65 percent or less of median family income.

RENT LIMITS*

SIZE OF UNIT	LOW MONTHLY RENT	HIGH MONTHLY RENT
Efficiency	\$650	\$682
One-bedroom	\$696	\$781
Two-bedroom	\$836	\$932
Three-bedroom	\$965	\$1,116
Four-bedroom	\$1,077	\$1,327

* The rent limits apply to the Phila. Metropolitan Statistical Area and are subject to change on a periodic basis.

Affordability Periods - Rental

The HOME regulations establish requirements to maintain the affordability of HOME-assisted rental units for low- and very low-income tenants over a period ranging from 5 to 20 years, depending on the activity and the amount of funding. During the affordability period, only low- and very low-income tenants may occupy the units, and rents must be maintained at the prevailing rent levels specified in the following table.

RENTAL HOUSING AFFORDABILITY PERIODS

ACTIVITY AND FUNDING LEVEL	AFFORDABILITY PERIOD
Rehabilitation or acquisition of existing housing per unit amount of funds: <ul style="list-style-type: none">• Under \$15,000 per unit• \$15,000 to \$40,000 per unit• More than \$40,000 per unit	5 years 10 years 15 years
New construction or acquisition of newly constructed housing	20 years

Affordability Periods – Homeownership Assistance

The HOME regulations establish requirements to maintain the affordability of HOME-assisted housing that is for acquisition, with or without rehabilitation. The HOME-assisted housing must meet the affordability requirements for at least the applicable period specified in the following table. The period of affordability is based on the total amount of HOME funds invested in the housing.

HOMEOWNERSHIP ASSISTANCE AFFORDABILITY PERIODS

ACTIVITY AND FUNDING LEVEL	AFFORDABILITY PERIOD
HOME-assisted housing must meet the affordability requirements beginning after project completion. HOME amount invested per-unit: <ul style="list-style-type: none">• Under \$15,000 per unit• \$15,000 to \$40,000 per unit• Over \$40,000 per unit	5 years 10 years 15 years

* Any activities awarded with HOME funds may be required to provide Subsidy Layering documentation.

Appendix A: Utility Guidelines

Allowances for Tenant-Furnished Utilities and Other Services

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

County		Floor Type		Date				
Chester County, Pennsylvania		Low Rise: 3 or 4 Stories		June 21, 2007				
Utility or Service	Monthly Dollar Allowance							
	EFF	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR	
Heating:	a. Natural Gas	30	40	55	67	81	93	98
	b. Bottle Gas	60	80	110	134	163	190	201
	c. Oil/Electric	42/33	57/41	77/55	94/67	115/82	134/95	142/101
	d. Coal	26	35	47	58	71	82	87
Cooking:	a. Natural Gas	7	9	10	12	15	17	19
	b. Bottle Gas	13	18	24	29	37	42	48
	c. Electric	4	5	8	9	12	14	15
Other Electric	28	32	45	50	54	61	65	
Air Conditioning	6	8	10	12	16	19	21	
Water Heat:	a. Natural Gas	16	21	25	29	34	39	44
	b. Bottle Gas	29	38	45	53	58	69	78
	c. Oil/Electric	23/27	30/36	36/37	42/41	48/45	55/52	62/58
	d. Coal	16	21	26	30	34	39	45
Water	12	20	33	45	58	71	83	
Sewer	17	20	28	38	48	58	69	
Trash Collection	25	25	25	25	25	25	25	
Range / Microwave	3	3	3	3	3	3	3	
Refrigerator	3	3	3	3	4	4	4	
Natural Gas Customer Charge	10	10	10	10	10	10	10	
ACTUAL FAMILY ALLOWANCE be used by family to compute allowances. Complete below for actual unit rented.				Utility or Service		Per Month Cost		
Name of Family				Heating		\$		
				Cooking				
Address of Unit				Other Electric				
				Air Conditioning				
				Water Heating				
				Water				
				Sewer				
				Trash Collection				
				Range/Microwave				
				Refrigerator				
Number of Bedrooms				Other				
				Total		\$		

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Allowances for Tenant-Furnished Utilities and Other Services

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

County		City		Monthly Dollar Allowance				
Chester County, Pennsylvania		High Rise: 5 or More Stories		June 21, 2007				
Utility or Service		EFF	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR
Heating:	a. Natural Gas	25	34	47	57	70	80	84
	b. Bottle Gas	51	68	93	114	139	162	171
	c. Oil/Electric	36/29	48/35	66/47	80/57	98/70	114/81	121/86
	d. Coal	26	35	47	58	71	82	87
Cooking:	a. Natural Gas	7	9	10	12	15	17	19
	b. Bottle Gas	13	18	24	29	37	42	48
	c. Electric	4	5	8	9	12	14	15
Other Electric		28	32	45	50	54	61	65
Air Conditioning		4	6	8	10	12	15	17
Water Heat:	a. Natural Gas	16	21	25	29	34	39	44
	b. Bottle Gas	29	38	45	53	58	69	78
	c. Oil/Electric	23/27	30/36	36/37	42/41	48/45	55/52	62/58
	d. Coal	16	21	26	30	34	39	45
Water		12	20	33	45	58	71	83
Sewer		17	20	28	38	48	58	69
Trash Collection		25	25	25	25	25	25	25
Range / Microwave		3	3	3	3	3	3	3
Refrigerator		3	3	3	3	4	4	4
Natural Gas Customer Charge		10	10	10	10	10	10	10
ACTUAL FAMILY ALLOWANCE be used by family to compute allowances. Complete below for actual unit rented.					Utility or Service		Per Month Cost	
Name of Family					Heating		\$	
					Cooking			
					Other Electric			
Address of Unit					Air Conditioning			
					Water Heating			
					Water			
					Sewer			
					Trash Collection			
					Range/Microwave			
					Refrigerator			
Number of Bedrooms					Other			
					Total		\$	

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Allowances for Tenant-Furnished Utilities and Other Services

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

County		Unit Type		Date				
Chester County, Pennsylvania		Row House or Town House		June 21, 2007				
Utility or Service		Monthly Dollar Allowance						
		EFF	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR
Heating:	a. Natural Gas	31	41	57	70	84	97	102
	b. Bottle Gas	62	83	114	140	171	198	209
	c. Oil/Electric	44/29	58/37	80/52	99/65	120/81	140/94	148/100
	d. Coal	27	36	49	60	74	86	91
Cooking:	a. Natural Gas	7	9	10	12	15	17	19
	b. Bottle Gas	13	18	24	29	37	42	48
	c. Electric	4	5	8	9	12	14	15
Other Electric		28	32	45	50	54	61	65
Air Conditioning		6	8	10	12	16	19	21
Water Heat:	a. Natural Gas	16	21	25	29	34	39	44
	b. Bottle Gas	29	38	45	53	58	69	78
	c. Oil/Electric	23/27	30/36	38/37	42/41	48/45	55/52	62/58
	d. Coal	16	21	26	30	34	39	45
Water		12	20	33	45	58	71	83
Sewer		17	20	28	38	48	58	69
Trash Collection		25	25	25	25	25	25	25
Range / Microwave		3	3	3	3	3	3	3
Refrigerator		3	3	3	3	4	4	4
Natural Gas Customer Charge		10	10	10	10	10	10	10
ACTUAL FAMILY ALLOWANCE be used by family to compute allowances. Complete below for actual unit rented.					Utility or Service		Per Month Cost	
Name of Family					Heating		\$	
					Cooking			
Address of Unit					Other Electric			
					Air Conditioning			
					Water Heating			
					Water			
					Sewer			
					Trash Collection			
					Range/Microwave			
					Refrigerator			
Number of Bedrooms					Other			
					Total		\$	

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**Allowances for
Tenant-Furnished Utilities
and Other Services**

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

Locality		Unit Type		Date				
Chester County, Pennsylvania		Semi-Detached / End of Row		June 21, 2007				
Utility or Service		Monthly Dollar Allowance						
		EFF	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR
Heating:	a. Natural Gas	36	49	67	81	98	113	119
	b. Bottle Gas	73	97	134	164	201	233	246
	c. Oil/Electric	51/35	69/45	94/62	116/77	142/96	165/112	174/119
	d. Coal	31	42	58	71	87	101	107
Cooking:	a. Natural Gas	7	9	10	12	15	17	19
	b. Bottle Gas	13	18	24	29	37	42	48
	c. Electric	4	5	8	9	12	14	15
Other Electric		28	32	45	50	54	61	65
Air Conditioning		7	10	13	16	21	25	28
Water Heat:	a. Natural Gas	16	21	25	29	34	39	44
	b. Bottle Gas	29	38	45	53	58	69	78
	c. Oil/Electric	23/27	30/36	36/37	42/41	48/45	55/52	62/58
	d. Coal	16	21	26	30	34	39	45
Water		12	20	33	45	58	71	83
Sewer		17	20	28	38	48	58	69
Trash Collection		25	25	25	25	25	25	25
Range / Microwave		3	3	3	3	3	3	3
Refrigerator		3	3	3	3	4	4	4
Natural Gas Customer Charge		10	10	10	10	10	10	10
ACTUAL FAMILY ALLOWANCE be used by family to compute allowances. Complete below for actual unit rented					Utility or Service		Per Month Cost	
Name of Family					Heating		s	
					Cooking			
Address of Unit					Other Electric			
					Air Conditioning			
					Water Heating			
					Water			
					Sewer			
					Trash Collection			
					Range/Microwave			
					Refrigerator			
Number of Bedrooms					Other			
					Total		\$	

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**Allowances for
Tenant-Furnished Utilities
and Other Services**

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

Locality		Unit Type		Date				
Chester County, Pennsylvania		Single Family Detached		June 21, 2007				
Utility or Service		Monthly Dollar Allowance						
		EFF	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR
Heating:	a. Natural Gas	43	57	78	95	115	133	140
	b. Bottle Gas	85	114	158	193	236	275	290
	c. Oil/Electric	60/41	81/53	111/74	136/92	167/113	194/133	205/141
	d. Coal	37	49	68	84	102	119	126
Cooking:	a. Natural Gas	7	9	10	12	15	17	19
	b. Bottle Gas	13	18	24	29	37	42	48
	c. Electric	4	5	8	9	12	14	15
Other Electric		28	32	45	50	54	61	65
Air Conditioning		9	12	15	19	24	29	33
Water Heat:	a. Natural Gas	16	21	25	29	34	39	44
	b. Bottle Gas	29	38	45	53	58	69	78
	c. Oil/Electric	23/27	30/36	36/37	42/41	48/45	55/52	62/58
	d. Coal	16	21	26	30	34	39	45
Water		12	20	33	45	58	71	83
Sewer		17	20	28	38	48	58	69
Trash Collection		25	25	25	25	25	25	25
Range / Microwave		3	3	3	3	3	3	3
Refrigerator		3	3	3	3	4	4	4
Natural Gas Customer Charge		10	10	10	10	10	10	10
ACTUAL FAMILY ALLOWANCE be used by family to compute allowances. Complete below for actual unit rented.					Utility or Service		Per Month Cost	
Name of Family					Heating		\$	
					Cooking			
Address of Unit					Other Electric			
					Air Conditioning			
					Water Heating			
					Water			
					Sewer			
					Trash Collection			
					Range/Microwave			
					Refrigerator			
Number of Bedrooms					Other			
					Total		\$	

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