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The State Housing Fund

# Application for Owner-Occupied Housing Rehabilitation Programs

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Arizona  
Department  
of Housing

1110 West Washington Street, Suite 310, Phoenix, Arizona 85007

Telephone (602) 771-1000 Facsimile (602) 771-1002 TTY (602) 771-1001

[www.azhousing.gov](http://www.azhousing.gov)

**The State Housing Fund (Home and Housing Trust Fund) is a program of the Arizona Department of Housing (the "Department"). For more information contact (602) 771-1000.**

Title II of the Americans with Disabilities Act prohibits discrimination on the basis of disability in the programs of a public agency. Individuals with disabilities who need the information contained in this publication in an alternate format may contact the Department at (602) 771-1000 or our TTY number, (602) 771-1001 to make their needs known. Requests should be made as soon as possible to allow sufficient time to arrange for the accommodation.



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## APPLICATION INSTRUCTIONS

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### **The State Housing Program Summary and Application Guide**

Because understanding the State's Housing Program policies is key to completing a successful application, applicants must read the *SHF Program Summary and Application Guide*. The Summary and Application Guide is intended to serve as a tool for applicants applying for funding and contains the information necessary to evaluate whether a proposed project can meet all aspects of the State Housing Fund programs.

### **Submission Deadlines**

Submission deadlines will be provided in the Notice of Funding Availability (NOFA).

**Applications are due (must be in the possession of the Department) no later than 4:00 p.m. on the deadline dates noted in the NOFA.** Applications must be mailed or hand delivered to:

**Attn: State Housing Fund  
Arizona Department of Housing  
1110 West Washington Street, Suite 310  
Phoenix, Arizona 85007**

### **Funding Decisions**

The Department will make every effort to make its funding decisions within 60 days, depending on the number and complexity of the applications received.

### **Two (2) copies of the completed application (original & 1 copy)**

Applicants must complete their application packages as described under Application Format, completing all required sections and required supporting documentation, submitting one original and one copy. Incomplete applications, application packages missing documentation or application packages not filed in the quantity indicated will not be accepted for review. This application package and any subsequent revisions or clarifications, if approved for funding, will become part of the agreement with the Department.

### **Application Format**

Applications *must be typewritten or computer generated*. **Applicants are not to revise the formatting of these forms in any way.** A copy of this application is available by US Mail, on diskette, by e-mail, or at the Department's website: [www.azhousing.gov](http://www.azhousing.gov).

#### **Application material must be:**

- **8 ½ x 11 format**
- **single-sided**
- **Original plus one copy. Each must be two hole punched at the top and bound with a large clip.**
- **indexed and tabbed to correspond with the application checklist**

In instances where the tab documentation is not applicable to a project, the tab must still be included and a single sheet indicating "N/A" should be included in the designated space with an explanation of why the information is not applicable. The tabulation format should not be altered in any way.

**1. APPLICATION CHECKLIST AND INDEX – OWNER-OCCUPIED HOUSING REHABILITATION**

TAB	Attachment	✓	DESCRIPTION
			Cover Letter
			Checklist/Index (Table of Contents)
			Application Forms
A	✓		Applicant Eligibility.
B			Project Description
C			Organizational Capacity
D			Leverage Funding
E			<ul style="list-style-type: none"> <li>• Owner-occupied Housing Rehabilitation Program Policies</li> <li>• Copy of the Governing Body Resolution or Motion to adopt the Program Policies.</li> </ul>
F			Loan Instruments
G			Market Demand and Program Readiness
H			Community Revitalization
I	✓		Environmental Review
J	✓		State Housing Fund Self Score Sheet

**Instructions for completion of Application Tabs can be found at section 5 of this Application form.**

2. GENERAL APPLICANT AND PROJECT/PROGRAM INFORMATION

2.1. Applicant Information

Applicant: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address  
(if different from mailing) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Facsimile ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Legal Status of Applicant:

- State-Certified CHDO
- \*Non-Profit (*non-CHDO*)
- Local Government
- Tribal government
- Council of Government
- Public Housing Authority
- State Agency

\*Private development agencies

- General Partnership
- Limited Partnership
- Limited Liability Company
- Corporation
- Individual

Federal Tax ID # \_\_\_\_\_ DUNS # \_\_\_\_\_

Central Contractor Registry # \_\_\_\_\_

**\*Required materials:** Attach articles of incorporation, by-laws, partnership agreement or other relevant entity organizational information, determination letter and Certification of Good Standing from the Arizona Corporation Commission. Non-profits must also submit a copy of a recent IRS nonprofit designation letter in Tab A.

An Applicant must be an existing legal entity authorized to conduct business in Arizona. Prior to making application, both governmental, and non-profit applicants must adopt a resolution of their governing board authorizing the submission of an application and acceptance of the entity's Owner Occupied Housing Rehabilitation or Emergency Repair Program Guidelines.

**2.2. Location of Project**

State and Federal Legislative Congressional Districts: *Complete district number and name of Representative*

Federal	Congressional Rep: _____	District #: _____
State:	Senator: _____	District #: _____
	Representative: _____	

<p><b>Project Name:</b> _____</p> <p><b>Address:</b> _____</p> <p><b>City/Town:</b> _____ <b>County:</b> _____ <b>Zip:</b> _____</p> <p><b>Project Description:</b> Describe the project in detail using Attachment B at Tab B.</p>
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**2.3. Amount of State Housing Funds Requested**

Use of Funds	Grant/Loan
Owner-occupied Housing Rehabilitation (project specific funding)	\$ _____
General Administrative Funds (up to an additional 10% of line 1 above)	\$ _____

**2.4. Type of funding applicant is willing to accept (check all that apply):**

Check all types of funding you are willing to accept, if funded.

Federal Funds  State Funds

**2.5. Type(s) of Property**

Check **all** that apply:

<input type="checkbox"/> Single-family detached	<input type="checkbox"/> Condominium Units
<input type="checkbox"/> Single-family attached, incl. Townhouses	<input type="checkbox"/> Manufactured Housing

**2.6. Relocation Information:**

Yes  No  Maybe

Will this Program involve temporary relocation of homeowners?  
*If yes or maybe, costs must be reflected in the Program Budget at 3.1.2.*

**2.7. Proposed Beneficiaries**

 Competitive Scoring: Very-low income targeting.

Targeted Populations by Income Level	Total Number of Units in Program	% of Units in Program	Number of State-assisted Units in the Program	% of State-assisted Units
Households at or below 50% of AMI				
Households at or below 60% of AMI				
Households at or below 80% of AMI				
Other: Hshlds at or below 30% of AMI				
<b>Total</b> Number of Units in Program:		100%		100%

**2.8. Priority Population Set-Asides**

Complete only if the Program will specifically set-aside units for a priority population. Set-asides will be enforced through contract provisions. For a definition of qualifying populations, see description of priority populations under *Definitions*, in the *Program Summary and Application Guide*.

 Competitive Scoring: Special Needs Populations targeting.

Priority Population	No. of Units	% of Units
Elderly (62 years of age and older)		
Physically disabled persons ( <i>design elements must be accommodating</i> )		
Other Priority Population: _____		
Special needs populations identified in <i>Definitions in Program Summary and Application Guide</i>		
Other special needs groups ( <i>must be pre-approved by the State</i> )		
<b>UNITS NOT SET-ASIDE FOR PRIORITY POPULATIONS</b>		
Total Number of SHF Assisted Units in Program:		100%

**2.9. Type of Assistance to Households:**

Program design includes (Check all that apply. This should be reflected in your Program Policy):

- Deferred, forgivable loans       Repayable loans

**2.10. Amount of Funds Invested Per Unit**

**Maximum** amount of **total** subsidy funding (State funds and any other public funding available. See Appendix E of the Program Summary and Application Guide; you can go lower but NOT higher) to be invested in any one unit: \$ \_\_\_\_\_

**Maximum** amount of **State Housing Funds** to be invested in any one unit: \$ \_\_\_\_\_

**2.11. Method to Determine "After Rehab Value"**

Describe how the after rehabilitation value of assisted units will be determined and documented to ensure that units do not exceed maximum property values (95% of the FHA 203(b) insuring limits)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2.12. Recapture Period**

If the program will include recapture provisions, please indicate required terms, including recapture period (i.e., repayable if property sold within 5 years of investment, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**2.13. Form of Ownership to be Assisted**

(i.e. fee simple, 99 year leasehold, 50 year leasehold for tribal land)

\_\_\_\_\_

**2.14. Property Standards**

- Properties will meet the state’s rehabilitation standards, International Energy Conservation Code or better, Energy Star, Arizona Governor's Office of Energy Policy Weatherization Standards and all applicable local codes, ordinances, and zoning ordinances at the time of project completion.
- In the absence of a local code for new construction or rehabilitation, properties will meet the following (check choice below):
- Uniform Building Code (ICBO)
  - National Building Code (BOCA)
  - Standard Building Code (SBCCI)
  - the Council of American Building Officials (CABO) one or two family code;
  - the Minimum Property Standards (MPS) in 24 CFR 200.925 or 200.926.

**2.15. Wait List**

Applicant currently:  Maintains a wait list of *income qualified eligible* households \*\*

Number of households on wait list \_\_\_\_\_ Average length of wait for assistance (months) \_\_\_\_\_

Date waiting list commenced: \_\_\_\_\_

**\*\*Provide a spreadsheet of income qualified households who have applied to receive assistance and the household demographics including but not limited to household size, race, ethnicity, income, % AMI, etc. with the Market Demand analysis at TAB F of this application.**

Does not maintain a waiting list

**2.16. Basis of Loan**

Describe the basis for the loan terms proposed.

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**2.17. Program Team**

Complete for each project or program team member. Identify the name of the responsible party and the experience that they have in this role. Team members identified after the application are subject to review.

Function	Responsible Party	Experience
Project Manager		
Program Coordinator		
Rehabilitation Specialist		
Loan Servicing Specialist		
Fiscal Manager		
Consultants		
Function	Responsible Party	Experience
Other:		
Other:		

**2.18. Program Timeline:**

**Projected start date** \_\_\_\_\_ **Projected completion date** \_\_\_\_\_  
 (Approximately 120 days after the date the of the application deadline)

Applicants must provide a schedule for the Program that lists expected completion dates (“Contract Date”) for the major program activities. Units can be shown as a group or listed individually in the Program Schedule (i.e. “Unit 1 – 3” or “Unit 1”, “Unit 2” etc.) If the applicant receives an award, this program schedule will become an attachment to the Funding Agreement. Columns 2 and 3 of the schedule would then become fill-able.

<b>Program Schedule</b>			
<b>Major Program activities:</b>	<b>Contract Date</b> (expected completion)	<b>Complete Yes/No</b>	<b>Modification Date</b>
	<i>Include additional copy of this chart if more room needed.</i>		
Execute Contract			
Unit # _____ Project Scope out to Bid			
Unit # _____ ERR Appendix A & Initial Project Set-up to ADOH			
Unit # _____ Contractor Selection			
Unit # _____ Rehab construction			
Unit # _____ Final inspection			
Unit # _____ Rehab Loan Closing			
Unit # _____ Individual Project Close out			
Unit # _____ Project Scope out to Bid			
Unit # _____ ERR Appendix A & Initial Project Set-up to ADOH			
Unit # _____ Contractor Selection			
Unit # _____ Rehab construction			
Unit # _____ Final inspection			
Unit # _____ Rehab Loan Closing			
Unit # _____ Individual Project Close out			
Unit # _____ Project Scope out to Bid			
Unit # _____ ERR Appendix A & Initial Project Set-up to ADOH			
Unit # _____ Contractor Selection			
Unit # _____ Rehab construction			
Unit # _____ Final inspection			
Unit # _____ Rehab Loan Closing			
Unit # _____ Individual Project Close out			
Contract Close out			

**3. BUDGET STATEMENTS**

**3.1.1. Program Budget Sources**

Full disclosure of all financing sources available is required. *Letters of Commitment must be attached at Tab C.* If after submittal of the application, *additional* financing sources are obtained, these sources must be immediately reported to Housing. Additionally, Housing may require a final uses and sources review if all sources are not firm at the time of application.

- Column A** Identify **all** sources of program financing.
- Column B** Include here only funding sources that are **firmly committed** at the time of application submittal.
- Column C** Include here only funding sources that are **tentative (including funding requested in this application)** that is tentative at the time of application submittal.
- Column D** Indicate whether this commitment is a *grant or a loan* that must be repaid. All commitment letters included at *Tab C* should clearly state the *terms of repayment* of any loans.
- Column E** Include date(s) other tentative funding sources were applied for.
- Column F** Include the date(s) of expected award notification for other tentative funding sources.

Program Funding					
A	B	C	D	E	F
Source	Funds Committed	Tentative	Loan or grant	Date applied	Date of notification
State Housing Funds (Do NOT include general administrative funding).		\$			
1.	\$				
2.					
3.					
4.					
<b>Total Amount of funding (total of columns B and C)</b>	\$				

**3.1.2. Program Budget Uses**

- Column A.** If a specific use of funds is not listed, indicate the type of use in "Other" box.
- Column B.** Indicate the amount of State Housing Funds being requested for this specific use.
- Column C.** Indicate amount financed by all other funding sources.
- Column D.** Indicate the total amount of columns B and C for the specified use.
- Column E.** Spell out the source(s) name for sources indicated in column C (e.g., bank loan, CDBG)

A	B	C	D	E
Activity	State Housing Funds	Other Sources	Total All Sources	Source(s)
<b>Site Improvements and Demolition</b>				
On-site				
Landscaping				
Demolition				
<b>Rehabilitation Costs</b>				
Direct Construction				
Lead Paint Inspection/Clearance				
Permits/Fees				
Other				
<b>Professional Fees</b>				
Arch. Design/Supervision				
Environmental Review (if linked to a unit)				
Legal Fees				
<b>Loan Financing Fees</b>				
Title & Recording				
Credit Reports				
<b>Miscellaneous Soft Costs</b>				
<b>Temporary Relocation</b>				
Rent or Lodging				
Meals & Misc.				
<b>Project Specific Administration</b>				
Rehabilitation Specialist				
Travel				
Other:				
<b>Subtotal Program Project Costs</b>				
General Admin from 2.3.				
<b>Totals</b>	\$	\$	\$	

#### 4. STATE HOUSING FUND APPLICANT AFFIDAVIT, RELEASE AND CERTIFICATION FORM

The undersigned Applicant hereby applies to the Arizona Department of Housing, its successors and assigns (the "Department"), for a commitment of State Housing Funds. The *undersigned is responsible for ensuring that the program will assist only qualified low income housing* as described in the application, and will *satisfy all applicable State and Federal requirements in the rehabilitation* or construction to receive a commitment of State Housing Funds. The Applicant represents and certifies that the *application has not requested more State Housing Funds than is necessary* to provide the assistance described in this application. In planning this project or program, the Applicant certifies that it has provided for and will continue to encourage the participation of citizens, particularly persons of low income who are residents of areas in which the State Housing Funds are proposed to be used.

The Applicant understands that the Department will determine the eligibility of the project or program based, at least in part, on the information in and submitted with the application by the Applicant and the readiness of the program to proceed, as presented in the application. The Applicant is responsible for the accuracy of all information submitted. Misrepresentations, mistakes or omissions may be the basis for the cancellation of an award.

The Applicant understands and agrees that should the Department commit more funds than the State of Arizona is entitled to award in any given fiscal year (whether State or Federal), and funding is not available as awarded, the Department shall be held harmless by the Applicant, the Applicant's investors and anyone else relying upon the commitment.

The Applicant acknowledges and agrees that it will at all times cooperate with regard to request(s) for submittal of additional requests for information from the Department as necessary.

The Applicant acknowledges and agrees to fully comply and cooperate with all monitoring activity of the Department after the date of commitment. The Applicant will give the State, the U.S. Department of Housing and Urban Development, and any State authorized representative access to and the right to examine all records, books, papers, or documents related to the application and any resulting funding awards.

By executing this authorization and release, the Applicant does hereby authorize the Arizona Department of Housing, its successors and assigns, to obtain and furnish and release, to all proper institutions and/or agencies, full and complete records, reports and/or information pertaining to the Applicant and its application under the State Housing Fund program.

The Applicant agrees In compliance with State and Federal laws regarding conflict of interest. No elected or appointed officer or employee of the Applicant may seek or accept any gifts, service, favor, employment, engagement, emolument or economic opportunity which would tend improperly to influence a reasonable person in that position to depart from the faithful and impartial discharge of the duties of that position. No officer or employee may use his or her position to secure or grant any unwarranted privilege, preference, exemption or advantage for himself or herself, any member of his or her household, any business entity in which he or she has a direct or indirect financial interest, or any other person. No officer or employee may participate as an agent of Applicant in the negotiation or execution of any contract between Applicant and any private business in which he or she has a direct or indirect financial interest. No officer or employee of Applicant may suppress any report or other document because it might tend to affect unfavorably his/her financial interests.

The Applicant agrees that the Arizona Department of Housing, its successors and assigns, its agents, employees, attorneys, contractors and representatives will at all times be indemnified and held harmless against all losses, costs, damages, expenses and liabilities of whatsoever nature or kind (including, but not confined to, attorneys' fees, litigation and court costs, amounts paid in settlement, and amounts paid to discharge judgments, and any loss from such judgments or assessments) directly or indirectly resulting from, arising out of, or related to acceptance, consideration and approval or disapproval of the Applicant's application for funding.

The Applicant hereby represents and certifies under penalty of A.R.S. 13-2311 and 39-161 that the information set forth herein, and all material submitted by the Applicant to the Department, are to the best of the Applicant's knowledge, true and complete and accurately describe the proposed project. The undersigned is duly authorized to execute this instrument on behalf of the Applicant and possesses the legal authority to apply for an allocation of State Housing Funds and to execute the proposed program.

Further, the Applicant represents that its governing body has duly adopted or passed an official act of resolution, motion or similar action authorizing the filing of the application, including all understandings and assurances required, and directing and authorizing the applicant's chief executive officer and/or other designated official representative to act in connection with the application and to provide such additional information as may be required.

The Applicant understands that all representations made herein, and all documentation submitted, is subject to verification by the Department, and that any misrepresentations or inaccuracies, whether intentional or not, may subject the project to a loss of competitive scoring points or to disqualification. For the purposes of verification, the Applicant and Developer hereby authorize the Department to request information on entities and individuals closely related to this transaction from any lender, investor, or other institution or entity named in this application. Such information includes but is not limited to audits, financial statements, credit history, copies of income tax returns, and other information deemed necessary by the Department.

The Applicant has caused this document to be duly executed in its name as of this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Applicant Name: \_\_\_\_\_

By: \_\_\_\_\_  
*(Signed by the same person who signed the Resolution)*

**5. ATTACHMENTS - INSTRUCTIONS**

Required attachments as specified in the Application Checklist and the Application Forms must be included and appropriately tabbed. Following are detailed instructions for attachments that are not self-explanatory or otherwise included in the application packet.

Attachment	DESCRIPTION and INSTRUCTIONS
A	<p><b>Applicant Eligibility</b></p> <ul style="list-style-type: none"> <li>• An Applicant must be an existing legal entity authorized to conduct business in Arizona. Only an authorized representative may sign any documentation that requires the signature of the Applicant. The Department will reject forms signed in the name of an entity that does not legally exist or by a representative without authority.</li> <li>• For Non-Profit or governmental applicants – Provide a Resolution to Apply for Funding. See the sample Attachment A included at page 13 of this application form.</li> <li>• Attach articles of incorporation, by-laws, partnership agreement or other relevant entity organizational information, determination letter and Certification of Good Standing from the Arizona Corporation Commission. If a non-profit attach a copy of the IRS nonprofit designation letter. Provide evidence of a 501(c)(3) or (4) status in the form of an Internal Revenue Service Proof of Nonprofit Status. Attach a copy of the IRS nonprofit designation letter. Provide evidence of a 501(c)(3) or (4) status in the form of an Internal Revenue Service</li> </ul>
B	<p><b>Project Description</b></p> <p>Provide descriptive information about the project including the number of units, the expected condition of the homes, specific geographic targeting, steps required to implement the project successfully and the expected timeline to complete the project. (The applicant’s ability to fully describe the project is a key indicator of the applicant’s understanding of what is required to complete the project successfully.)</p>
C	<p><b>Organizational Capacity</b></p> <p>Provide documented evidence of Applicant and/or Program Team experience by submitting Resumes for applicant and all team members PLUS one or more of the following:</p> <ul style="list-style-type: none"> <li>• Written agreements with applicant outlining the responsibilities between parties.</li> <li>• 3rd party letters of recommendation.</li> <li>• Documentation of successfully completed projects of similar scope.</li> </ul>
D	<p><b>Leverage Funding</b></p> <ul style="list-style-type: none"> <li>• Applicants with firm commitments for leverage funding must include commitment letter(s) from the source of funding. Commitment letters must be on the letterhead of the organization providing the commitment. The letterhead must include the mailing address and phone number of the organization and the name and phone number of the contact person. The letter must outline the eligible uses, terms and conditions of the committed leverage funds, including but not limited to any repayment provisions, loan period, interest rate, and loan-to-value and debt coverage ratios, expiration date of the commitment, if any, signature and typed title and name of authorized official.</li> </ul>

	<ul style="list-style-type: none"> <li>If applicant is pledging their own general funds or in-kind donations of staff time, a formally adopted resolution from the Applicant’s governing body must be included. The adopted resolution should be specific in regards to the amount and type of leverage funding being pledged to the project.</li> </ul>
E	<p><b>Owner-occupied Housing Rehabilitation Guidelines (HRG’s)</b></p> <ul style="list-style-type: none"> <li>Include HRG’s, as described in <b>Section 5.13</b> of the SHF Program Summary and Application Guide, for Owner Occupied Housing Rehabilitation. HRG’s <i>must include</i> policies on the use of energy efficiencies and green technology in their rehabilitation programs. HRG’s must also include information on wait list preferences if any. (i.e. elderly,30% or 50%AMI households receiving priority for assistance.)</li> <li>Include copy of Governing Body Resolution or Motion to adopt HRG’s.</li> </ul>
F	<p><b>Loan Instruments</b></p> <p>Provide a copy of the sample Construction Contract, Deed of Trust and Promissory Note that will be used to secure the rehabilitation loans.</p>
G	<p><b>Market Demand and Project Readiness</b></p> <ul style="list-style-type: none"> <li>Provide a narrative description of the market demand based on a demographic analysis of the target service area, the target population and information on the condition of the housing stock and rehabilitation needs. Describe the degree to which comparable programs and services are available to the proposed service area.</li> <li>Provide a spreadsheet of income qualified households who have applied to receive assistance and the household demographics including but not limited to household size, race, ethnicity, income, % AMI, etc. The list must be certified as a true copy of the original and signed by the Grants Coordinator, Housing Rehabilitation Specialist or other appropriate official.</li> <li>To demonstrate readiness, applicant must include copies of beneficiary applications for income qualified households to be assisted. PLEASE REDACT the beneficiary(s) social security number. Include the %AMI verified thru income qualification and the date verified. Additionally, include copies of the HQS or other physical inspection performed on the beneficiary(s) housing unit.</li> </ul>
H	<p><b>Community Revitalization</b></p> <p>Provide documented evidence that the proposed project addresses an identified planning need or objective of the local government with one or more of the following:</p> <ul style="list-style-type: none"> <li>correspondence between project principals and local government originating at least 6 months prior to application deadline;</li> <li>a local governing body resolution or ordinance dated at least 6 months prior to application;</li> <li>a planning document approved by the local governing body at least 9 months prior to application.</li> <li>Program is located in Established HUD Neighborhood Revitalization Strategy Area.</li> <li>Program is located in Established Colonias as designated by the United States Department of Agriculture or ADOH.</li> <li>Program is located in geographic areas or parcels of property that are established by the local government as part of a comprehensive affordable</li> </ul>

	<p>housing plan.</p> <ul style="list-style-type: none"> <li>• Program is located in a Revitalization area designated by the local government.</li> </ul>
I	<p><b>Environmental Review Record (ERR)</b></p> <ul style="list-style-type: none"> <li>• Provide completed <u>Environmental Review requirements pursuant to 24 CFR Part 58, up to Part III HUD Appendix A 2004</u>. Be sure to include a copy of the E-13 Authority to use Grant Funds.</li> <li>• If the ERR is a re-evaluation, provide a copy of the original E-12 Request for Release of Funds, original E-13 Authority to Use Grant Funds, E-14 Request for Re-evaluation and the ADOH approval letter of the E-14.</li> </ul> <p>(If awarded, applicant will provide each cleared Appendix A at the time an eligible property is set up in HUD's IDIS system thru the ADOH Contract Specialist)</p>
J	<p><b>Complete the State Housing Fund Self Score Sheet</b></p>

**ATTACHMENT A- SAMPLE APPLICANT RESOLUTION**

**Authorization to Submit Application(s) and  
Enter into an Agreement for State Housing Funds**

Resolution No. \_\_\_\_\_

A resolution of the [AUTHORIZING BOARD OR GOVERNING BODY] of [NAME OF APPLICANT] authorizing the submission of an application(s) for State Housing Funds (which may include federal funding through the HOME Investment Partnership Program or State Housing Funds), certifying that said application(s) meets the community’s housing and community development needs and the requirements of the State Housing Programs, and authorizing all actions necessary to implement and complete the activities outlined in said application.

WHEREAS, the [AUTHORIZING BOARD OR GOVERNING BODY] of [NAME OF APPLICANT] is desirous of undertaking affordable housing development activities; and

WHEREAS, the State of Arizona is administering the State Housing Fund Program; and

WHEREAS, the State Housing Fund requires that State Housing Funds benefit low income households; and

WHEREAS, the activity in the application addresses the community’s low-income population housing needs;  
and

WHEREAS, a recipient of State Housing Funds is required to comply with the program guidelines, State and Federal Statutes and regulations.

NOW, THEREFORE, BE IT RESOLVED THAT the [AUTHORIZING BOARD OR GOVERNING BODY] of [NAME OF APPLICANT] authorize application to be made to the State of Arizona for funding from the State Housing Fund, and authorize [NAME and JOB POSITION OF INDIVIDUAL] to sign application and contract or grant documents for receipt and use of these funds, and authorize [NAME AND JOB POSITION OF INDIVIDUAL] to take all actions necessary to implement and complete the activities submitted in said application(s); and

THAT, the [AUTHORIZING BOARD OR GOVERNING BODY] of [NAME OF APPLICANT] will comply with all State Housing Fund Program Guidelines, State and Federal Statutes and regulations applicable to the State Housing Fund Program (HOME program and/or State Housing Trust Fund) and the certifications contained in the (these) application(s).

Passed and adopted by the [AUTHORIZING BOARD OR GOVERNING BODY] of [NAME OF APPLICANT] this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

By: \_\_\_\_\_  
*Title of person signing*

ATTEST:

APPROVED AS TO FORM:

By: \_\_\_\_\_  
*Title of person attesting*

By: \_\_\_\_\_  
*(Applicant Attorney)*

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ATTACHMENT J – STATE HOUSING FUND SELF SCORE SHEET

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Download the State Housing Fund Self Score Sheet from the Department website at [State Housing Fund Forms](#).

If you do not have access to the internet please contact:

Kathy Blodgett

Community Development and Revitalization Administrator

Phone: (602) 771-1021

Fax: (602) 771-1029

Email: [kathy.blodgett@azhousing.gov](mailto:kathy.blodgett@azhousing.gov)