

# MARYLAND AFFORDABLE HOUSING TRUST

Application for Funding  
7800 Harkins Road, Lanham, MD 20706

MAHT ID NO. \_\_\_\_\_

## Forty-Sixth Funding Round – Fall 2021

Application Due on **Wednesday, September 1, 2021** submit via email to  
MAHT.DHCD@maryland.gov

**PLEASE REVIEW ALL PROGRAM GUIDELINES FOUND ON MAHT'S WEBSITE BEFORE SUBMITTING APPLICATION.**  
(INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED, APPLICATION MUST BE SIGNED)  
<https://dhcd.maryland.gov/HousingDevelopment/Pages/maht/default.aspx>

### 1. Applicant Identification – for capital projects, entity owning the property must be an applicant

TYPE: \_\_\_\_\_

Other (specify): \_\_\_\_\_

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

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Federal I.D. or Social Security Number: \_\_\_\_\_

Email: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Contact Person for Award Notification: \_\_\_\_\_

I, the \_\_\_\_\_ / \_\_\_\_\_ (title) of the organization, am authorized to sign for the applicant and certify that the information contained in this application is correct and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### 2. Funding Request

MAHT amount requested: (a)\$ \_\_\_\_\_ Total project cost (b)\$ \_\_\_\_\_  
(NOT TO EXCEED \$75,000)

**TENURE TYPE**  
For rental or homeownership capital projects, grants awarded ≤\$15,000, loans for >\$15,000

**ACTIVITY TYPE**

**Brief description of the project and the gap that MAHT funds will be filling (limit 250 words)**

**3. Project Identification**

Project name: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: MD Zip: \_\_\_\_\_

State Legislative District Number: \_\_\_\_\_ Congressional District Number: \_\_\_\_\_

If multiple sites, provide addresses and legislative districts for site.  
Please attach a location map and site description (**ATTACH AS ATTACHMENT A**).

**4. Housing Units**

The project consists of \_\_\_\_\_ total housing units\*, of which \_\_\_\_\_ will be funded through MAHT.

Of the MAHT funded units \_\_\_\_\_ will be affordable to households with incomes at or below 30% of the area median income (AMI), and \_\_\_\_\_ will be affordable to households with incomes between 31% and 50% of AMI

Population to be served: \_\_\_\_\_ Families with minor children \_\_\_\_\_ Single Adults

\_\_\_\_\_ Other (list) \_\_\_\_\_

Number of years MAHT units will be committed to serving population above \_\_\_\_\_ (minimum 15 years)

FOR RENTAL PROJECTS ONLY, List monthly rents per unit by bedroom size

	In the development	Funded by MAHT
0 BR units		
1 BR units		
2 BR units		
3+ BR units		
Single Room Occupancy units		
<b>Total</b>		

FOR HOMEOWNERSHIP PROJECTS ONLY, List sales price of homes

\* For SRO, Emergency Shelters, etc, UNITS will be the number of beds funded.

**5. Maryland Affordable Housing Trust Budget (MAHT dollars only)**

MAHT FUNDS REQUESTED (COMPLETE SECTION 7 ALSO)	Amount	
Operating Assistance		
Capacity building		
Self-sufficiency / Support services		
Pre-Development		
Acquisition		
New Construction		
Rehabilitation		
Other (list):		
<b>TOTAL MAHT FUNDS REQUESTED</b>	<b>(a)</b>	

(must match total MAHT amount requested in 2(a))

**6. Total project development funding**

Non-MAHT Funds	SOURCE	*COMMITTED	*APPLIED FOR
Other Maryland DHCD funding			
	Rental Housing		
	LIHTC		
	Transitional		
	Group Home		

Specify agency or programs

Other State govt. funds			
Federal govt. funds			
Local govt. funds and other subsidies			
Private grants			
Private loans			
Applicant's funds			
Other:			
<b>TOTALS</b>		<b>(a)</b>	<b>(b)</b>

TOTAL Non-MAHT COMMITTED AND APPLIED FOR (a) + (b) above \_\_\_\_\_

TOTAL MAHT FUNDS REQUESTED from 5(a) or 2(a) + \_\_\_\_\_

TOTAL PROJECT FUNDING FROM ALL SOURCES \$ \_\_\_\_\_

(TOTAL PROJECT COST in 2(b) MUST MATCH TOTAL PROJECT FUNDING ABOVE)

- Please attach documentation verifying non-MAHT funds including the interest rate, repayment period and other terms governing these funds  
**(Attach as Attachment B)**

**7. USE OF FUNDS**

FOR SECTION 7, APPLICANTS ONLY NEED TO COMPLETE THE SUB-SECTION or SECTIONS FOR WHICH FUNDING IS BEING REQUESTED

(i.e., Operating Assistance, Capacity Building, Self-Sufficiency/Support Services, Predevelopment, or Capital)

**7A. Operating Assistance request for one (1) year**

Operating Assistance for one (1) year

	MAHT FUNDS	OTHER FUNDS	TOTAL COST
Advertising and Marketing	_____	_____	_____
Management Fee	_____	_____	_____
Office Supplies	_____	_____	_____
Office Salaries	_____	_____	_____
Legal Expenses (project only)	_____	_____	_____
Auditing Expenses (project only)	_____	_____	_____
Permits, Licenses and Misc. Taxes	_____	_____	_____
Telephone and Answering Services	_____	_____	_____
Accounting Services and Fees	_____	_____	_____
Other _____	_____	_____	_____
<b>ADMINISTRATIVE TOTAL</b> (from categories above)	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
Exterminating	_____	_____	_____
Heating & Air Conditioning Maintenance	_____	_____	_____
Garbage and Trash Removal	_____	_____	_____
Painting	_____	_____	_____
Electrical Repairs & Supplies	_____	_____	_____
Plumbing Repairs & Supplies	_____	_____	_____
Roof Repairs	_____	_____	_____
Grounds Maintenance Contract and Supplies	_____	_____	_____
Janitorial Supplies	_____	_____	_____
Costs associated with lead-paint reduction or maintenance	_____	_____	_____
Misc. Operating and Maintenance Expenses (please specify)	_____	_____	_____
Other _____	_____	_____	_____
<b>MAINTENANCE TOTALS</b> (from categories above)	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
UTILITIES PAID BY OWNER	_____	_____	_____
REAL ESTATE TAXES	_____	_____	_____
GROUND RENT	_____	_____	_____
RESERVE FOR REPLACEMENT	_____	_____	_____
OTHER (list) _____	_____	_____	_____
<b>TOTAL</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

**7B. Capacity Building Request**

**Capacity Building** (MAHT funding must be related to the specific housing project named in this application)

Purpose/use of funds:	MAHT FUNDS	OTHER FUNDS	TOTAL COST
TOTAL			

**7C. Self-sufficiency / Support services request for one (1) year**

Complete all that apply and enter funding amounts anticipated for salaries and other fees related to providing the services to residents in the specific housing project named in this application:

Job skills training
Job search assistance
Educational courses
Budget counseling
Substance abuse aid
Mental health care
Other health care
Child care
Other project-specific area:

Total Projected Cost \$ \_\_\_\_\_

The funding requested is for a \_\_\_\_\_

Please provide the breakdown of the positions by file, hourly pay for the parties involved, and their Qualification and/or certifications

Position	Hourly Rate	Qualification and/or Certifications

**7D. Predevelopment request (list \$ amount requested for each category below)**

Predevelopment awards are usually made as zero interest, deferred loans which are expected to be repaid when permanent financing is acquired for the project.

Architect Fee	
Design	
Supervision	
Legal Fees	
Packaging/Processing	
Marketing	
Surveys and Soil Borings	
Appraisal	
Environmental Study	
Market Study	
Other (list)	
<b>Total for this section</b>	

**7E. Capital requests (Acquisition, New Construction or Rehabilitation)**

Capital requests complete Sections 8 and 9 also.

Residential structures	
Nonresidential structures	
On Site improvements	
Off Site improvements	
General requirements	
Contractor Fees	
*Developer's Fee	
<b>Total for this section</b>	
Architect Fee	
Design	
Supervision	
Legal Fees	
Packaging/Processing	
Marketing	
Surveys and Soil Borings	
Appraisal	
Environmental Study	
Market Study	
<b>Total for this section</b>	

General Requirements:			% of Subtotal
Builder's General Overhead:			% of Subtotal
Builder's Profit:			% of Subtotal

<b>PROJECT COST PER UNIT</b>	
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\*The amount and use of developer's fee will be relevant to the evaluation of the application

## 8. Project Readiness and Site Information

Identify form of site control: \_\_\_\_\_

If no site control, please explain: \_\_\_\_\_

Is site properly zoned for your development? \_\_\_\_\_

Attach evidence that the site is properly zoned for the proposed use or if a variance or exception is required, evidence that a request has been filed and a hearing date has been scheduled.

Will you own the property directly \_\_\_\_\_

If property is to be owned by related entity, please provide name of entity and specify relationship (e.g., subsidiary corporation or partnership of which applicant is general partner)  
(name of entity and relationship) \_\_\_\_\_

### **PLEASE NOTE: ENTITY OWNING PROPERTY MUST ALSO BE AN APPLICANT**

Are there liens or other encumbrances on the property that must be cleared by allocating funds to them? \_\_\_\_\_ If YES, what are they? \_\_\_\_\_

Have you obtained:

IF NO, WHEN?

Blueprints <sup>1</sup>	_____	_____
Zoning changes	_____	_____
Building permits	_____	_____
Utility hookups	_____	_____
Environmental report	_____	_____
Commitments from service providers	_____	_____

<sup>1</sup> Also attach copies of unit floor plans

Is the construction company bonded? \_\_\_\_\_

Will the project require any displacement of current occupants? \_\_\_\_\_

If yes, will you compensate or relocate those who are displaced? \_\_\_\_\_

Describe your proposed plan for relocation assistance:

\_\_\_\_\_

Please attach copies of supporting documents – evidence of zoning, deeds, permits, leases, options, sales agreements, etc. Projects requesting assistance for homeownership (rehab or acquisition) must include a current Home Inspection Report (**Attach as Attachment C**)

**9. Work schedule:** Use anticipated or actual calendar dates. Be sure to include dates of initial closing, construction start and substantial completion.

<u>Activity</u>	<u>Anticipated completion date</u>
Financial Commitment for funding sources	_____
Initial closing date	_____
Location survey complete	_____
Preliminary site plan complete	_____
Design, development and pricing	_____
Site plan approval	_____
Construction and bid documents	_____
Engineering plan approval	_____
Final pricing	_____
Building permit	_____
Construction contract	_____
Start construction	_____
Substantial completion	_____
Final completion	_____

**ALL APPLICANTS MUST COMPLETE SECTIONS 8 through 13**

**10. Need for MAHT funding (limit of 250 words):** Describe the specific need for MAHT funds for the proposed housing project, e.g. why is there a funding gap? Please describe the need for the total project and the existing housing and economic conditions for the project. Explain how the number and type of units to be provided will address the need.

**ATTACH: corroborating information, such as: budget and financing information indicating gap in funding, appraisal, market study, waiting list, etc. (ATTACH AS ATTACHMENT D).**

**11. Site (limit of 250 words):** Describe area in which the site is located, including types and condition of housing in the area; availability of public transportation; location of schools, shopping and employment centers, information on crime and other information relevant to the site.



**12. Community involvement (limit of 250 words):** Explain how long and in what manner the applicant has served the community in which the project will be located. Also describe any support the proposed project has received from local political officials, community groups, potential project residents and residents who live near project site.

**ATTACH: - copies of any evidence of local support for the project (ATTACH AS ATTACHMENT E).**

**13. Applicant ability:** 1.) Describe the objective, management structure and staffing of your organization, 2.) Explain your organization's experience and ability to implement and manage low-income housing, 3.) Summarize your prior experience in providing self-sufficiency services for the target population. If a third party will be involved in management or service provision, describe its role.

**ATTACH:**

- financial statements (ATTACH AS ATTACHMENT F)
- organizational documents or partnership agreement (ATTACH AS ATTACHMENT G)

**14. Green Building and Sustainable Housing (limit of 250 words)**

Describe how this project addresses green building technologies and how your organization encourages sustainable development. Use criteria from Earthcraft, the National Association of Homebuilders Model Green Home Building Guidelines, U.S. Green Building Council (LEED) criteria or criteria from Green Communities Initiative of Enterprise Community Partners when submitting a response to this section.

**ATTACH: Documentation will include checklists using criteria from any of the entities above (Attach as Attachment H)**

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## 15. Legal Documents

The following forms must be completed and attached to all applications:

- **Incumbency Certificate \***
- **Corporate Resolution \***
- **MAHT Assurance of Compliance\***
- **Contract Affidavit\***
- **Access To Public Records Act Notice And Waiver\***

\* Instructions and documents are located in file labeled "Round Legal Documents and Instructions" on MAHT's web site.

NOTE: A **Certificate of Good Standing** will only be required if this application receives funding (see Program Guidelines on web site)

**(ATTACH LEGAL DOCUMENTS AS ATTACHMENT I)**

# MAHT Application For Funding Checklist

Check all items that you have included with this application:

Note: If a subsidiary is an applicant include a second checklist and all applicable attachments relating to the subsidiary. **If a subsidiary will own the property, they must be included as an applicant.**

- Attachment A:** location map/site description
- Attachment B:** documentation of loan terms
- Attachment C:** deeds, permits, sales agreement, etc., Home Inspection Reports (now required for homeownership rehab or acquisition)
- Attachment D:** appraisal, market study, housing waiting list, etc.
- Attachment E:** evidence of local support for the project
- Attachment F:** financial statements
- Attachment G:** organizational documents (**must** be submitted) \*\*
  - Bylaws
  - Articles of Incorporation
- Attachment H:** Green Building and Sustainable Housing Communities Criteria
  - First optional checklist selected by applicant
  - Second optional checklist selected by applicant (if necessary)
- Attachment I:** legal documents
  - Board resolution authorizing the application\*
  - Contract Affidavit\*
  - Incumbency Certificate\*
  - MAHT Assurance of Compliance\*
  - Access To Public Records Act Notice and Waiver\*

\* These forms are in a file labeled "Round Legal Documents and Instructions" and can be downloaded from MAHT's web site

\*\* A copy of the organization's By-laws and Articles of Incorporation are required to be submitted with each application.