

**Housing Authority of the County of Santa Cruz  
Project Based Voucher Application  
FY 2022-2023**

Applicant Information	
Legal Name of Organization	
TAX ID Number of Organization	
Organization Mailing Address	
Name of Contact Person for this Application	
Title	
Telephone	
Email	
Organization Website Address	

Project Summary	
Project Name	
Project Address	
Does Census Tract Have a Poverty Rate of 20% or less? Use the PBV Census Tract Lookup Tool at <a href="https://www.huduser.gov/portal/maps/hcv/home.html">https://www.huduser.gov/portal/maps/hcv/home.html</a>	
Total units in this Project:	
Total Project Based Vouchers Requested:	
Percent of units to be Project-Based:	

By signing this application, the following certifications are made by the applicant:

1. The owner and its agents will adhere to the most current published HUD Project Based Voucher regulations and understands that owners and developers are responsible to confirm the accuracy and applicability of the federal regulations, HUD guidelines, or state laws before taking any action that could be in violation of such regulations governing the Project Based Voucher program.
2. The owner and its agents will comply with all applicable fair housing and civil rights requirements found in 24 CFR 5.105(a) including but not limited to, the Fair Housing Act, the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act.
3. The owner and its agents will comply with the Housing Authority of County of Santa Cruz Administrative Plan and Project Based Voucher Program Rules and Regulations.
4. The applicant acknowledges that any material changes to the project not disclosed to and approved by the HACSC after submittal of this application may result in a denial or termination of the AHAP or HAP contract. Material changes include but are not limited to: changes in the project design, amenities, number, size and AMI level of units; changes in the eligibility criteria of populations to be served, including establishment of site-based waiting lists, residency

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preferences, or any other preferences, changes to the ownership entity or key staff identified in this application or changes to other application items.

<b>Authorized Signature</b>	
<b>Printed Name of Signator</b>	
<b>Title of Signator</b>	
<b>Date</b>	

## I. PROJECT and APPLICANT INFORMATION

PBV Project Name	
Property Address	
Assessor Parcel Number(s)	
Structure Type (e.g., Low-Rise or Hi-Rise Apt, Townhome, Duplex/Triplex/Fourplex, Single Family)	
Legal name of applicant with whom Project-Based Voucher HAP Contract will be established:	
Type of organization (corporation, partnership, etc.)	
Tax Exempt organization	
Will rents in the property remain affordable after the expiration of the HAP contract?	
Has the project received funding through any competitive process by any government entity?	
Requested HAP Contract Term	
Is this a Low Income Housing Tax Credit (LIHTC) property?	
If Intent to Apply for Low Income Housing Tax Credits (LIHTC), Indicate When	
If Yes or Intent to Apply, is property located in a TCAC Qualified Census Tract?	
Is the property accessible for persons with disabilities?	
Are there any non-residential units (e.g., commercial, office) on this property?	
If yes, please describe the non-residential units:	
If the proposal is for existing units, include information regarding whether there is already a waiting list; and if so, how many names are on it and how many units turn over in a year.	
If the proposal is for existing units that are occupied, include current tenant's annual income and monthly rent for each existing unit, as well as their projected rent in the project-based voucher program. <b>Provide as Attachment if Necessary.</b>	
If the proposal is for existing units that are occupied, include current tenant's annual income and monthly rent for each existing unit, as well as their projected rent in the project-based voucher program. <b>Provide as Attachment if Necessary.</b>	

**Property Management.**

Property Management Agent Name:	
Address of Property Management Agent:	
Property Management Agent website:	
Address and description of other properties managed: <b>Provide as Attachment if Necessary.</b>	
Qualifications, including management of properties for persons with special needs (if applicable): <b>Provide as Attachment if Necessary.</b>	
<b>Personnel plan for the proposed project:</b>	
Number of Office Staff	
Working Days/Hours of Office Staff	
Number of Maintenance Staff	
Working Days/Hours of Maintenance Staff	
Is there a Resident Manager in addition to the above staff for after-hours emergencies?	

**Property Configuration and Proposed Unit Mix.** Complete the following table with number of units.

	Studio	1 Br	2 Br	3 Br	4 Br	Total
Total units including non-PBV						
Total fully accessible units including non-PBV units						
Total PBV units						
Total of fully accessible PBV units						
Tax Credit Rents, if applicable						



## II. APPLICATION ELEMENTS TO BE SCORED

### 1. Project Type:

New Affordable Housing Construction	
Existing Housing – Retains currently affordable housing at imminent risk of losing affordability requirements.	
Provide justification for being at “imminent risk” of losing affordability requirement	
Substantial Improvements	
Provide justification for substantial improvements, explaining why they cannot be accomplished without PBVs.	

### 2. The Extent to Which the Project Creates Housing Opportunities for Top Applicants on the Housing Authority’s Existing Housing Choice Voucher (HCV) Waiting List. *Indicate number of units proposed for top applicants on the HCV waiting list, and any other special populations for which you plan to provide units.*

PBV Units for Households Meeting the Following Descriptions	Number of Proposed PBV Units	Percentage of Total PBV Units Proposed
For Top Applicants on the Housing Authority’s Existing Housing Choice Voucher (HCV) Waiting List		
For Seniors 62+		
For Households Eligible for Supportive Services*		
For Other Special Population * (please specify below)		
<i>Specify Other Special Population Type</i>		
Total PBV Request		
<p>* Projects requesting units for “Households Eligible for Supportive Services” or Other Special Populations must complete an additional <b>Supplementary Supportive Services Application</b> (available on HACSC website) responsive to questions relating to the experience of the Supportive Services team, the quality of the proposed Supportive Services Plan, and anticipated referral and waitlist processes.</p>		

3. **Deconcentration of poverty.** *Provide census tract number and poverty rate.*

<b>Census Tract of Project</b>	<b>Poverty Rate in Census Tract</b>
Look up census tract: <a href="https://www.huduser.gov/portal/maps/hcv/home.html">https://www.huduser.gov/portal/maps/hcv/home.html</a>	
<b>Attach Report from Census/ACS (Required)</b>	
<p><b>If the project is located in a census tract where the poverty rate is 20 percent or greater, provide a narrative here addressing the factors described in Section 3 of the Evaluation Criteria “Deconcentration of Poverty.” <b>If additional space is needed, please provide an attachment and indicate here that such attachment is provided.</b></b></p>	

4. Location Amenities. Indicate yes/no answers.

Project is in a Location with a Walk Score of 85% or Higher	
Project with 2+ bedroom units for families is located within ½ mile of a public elementary, middle school, or high school.	
Project with 2+ bedroom units for families includes a playground, toddler play area, childcare facility, or similar child-focused space(s).	
Project includes space/programs to enhance health and wellness of residents such as Fitness/Sports/Recreation facilities or there is a partnership with local fitness center(s) where residents get discounted monthly gym fees, yoga/classes, etc.	
Project integrates space and programming to enhance living skills or job readiness skills of residents of the project or community residents (e.g. a computer room, resident-run café or other social entrepreneur business).	
Provides Public-Use Amenity: Project provides the neighborhood with public-use amenity (e.g. a public easement onto open space or community garden, a pocket park, public plaza, etc.).	
Transit: The proposed project is located with a public transit corridor, or the project is using a van or dial-a-ride service. If located within a public transit corridor, the project site must be within ¼ mile of a bus stop with at least hourly service as demonstrated by a Metro bus schedule for the route.	
Groceries: The proposed project is located within ½ mile of groceries and other essential shopping needs. Grocery is defined as a full-service store or market that provides fresh food staples: fresh meats, poultry, dairy products, and produce. [Convenience stores and mini marts are not considered full-service stores or markets.]	
Health and Social Services/ Schools: The project is located within one mile of a health or social service facility that is operated to serve the target population(s); or the proposed project is a family project and is located within one mile of the services above, or within ½ mile of a public elementary, middle school, or high school.	
Recreation: The proposed project is located within ¼ mile of a park, library, recreational facility, or a community center accessible to the general public and appropriate for the targeted population(s).	

5. **Management and owner experience.** *Check the experience levels applicable to your team.*

<b>Property Development Experience:</b>	
<b>Track Record of Successful Affordable Housing Developments</b>	
Broad experience (5+ affordable developments)	
Some experience (3-4 affordable developments)	
Minimal experience (1-2 affordable developments)	
No prior experience	
<b>Property Management Experience:</b>	
<b>Number of Affordable Units Managed in Prior 5 Years</b>	
Broad experience (201+ affordable rental units)	
Good experience (101-200 affordable rental units)	
Fair experience (51-100 affordable rental units)	
Minimal experience (Under 50 affordable rental units)	
<b>Resident Services Provision Experience:</b>	
<b>Number of Affordable Projects Managed for 12+ Months within the last 5 years</b>	
Broad experience (5+ projects)	
Some experience (3-4 projects)	
Minimal experience (1-2 projects)	
No experience	
<b>Project Based Voucher Experience:</b>	
<b>Number of PBV Units Managed in Prior 5 Years</b>	
Broad experience (201+ PBV rental units)	
Good experience (151-200 PBV rental units)	
Fair experience (50 to 150 PBV rental units)	
Minimal experience (Under 50 PBV rental units)	

6. **Leveraging of Other Sources of Funding:** Check the level of leveraging that applies for your project in the below “Permanent Sources from Other than HACSC” table and provide financial figures in the Project Financing Table.

Percent of Permanent Sources from Other than HACSC	
More than 90 percent	
81-90 percent	
71-80 percent	
61-70 percent	
51-60 percent	
50 percent or less	

Project Financing	
Anticipated funding from PBVs	\$
Amount of other permanent financing	\$
Amount of cash or loans currently in project	\$
Amount of owner’s equity in project	\$
Amount of Deferred Developer Fee	\$
Total	\$
<p><b>Attach Proforma indicating financial viability of the project for the requested term of the PBV assistance. (Required)</b></p>	

7. **Design features.** Indicate a yes/no answer.

<p>The applicant certifies that the project will be developed in accordance with the minimum requirements of any one of the following programs: Leadership in Energy &amp; Environmental Design (LEED); Green Communities; Passive House Institute US (PHIUS); Passive House; Living Building Challenge; National Green Building Standard ICC / ASRAE – 700 silver or higher rating; or the GreenPoint Rated Program.</p>	
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8. **Project feasibility and readiness.** Indicate yes/no answers and attach requested document.

Does applicant have site control? <b>Attach Deed or Lease.</b>	
Does applicant anticipate site control? <b>Attach Sale Agreement.</b>	
Is relocation of occupants necessary?	

**9. Bonus Points.**

Project proposes to use Mainstream vouchers and the following number of units are being requested:	
Project proposes to use Family Unification Program Youth Vouchers ( <i>does not require 2+ bedroom units</i> ) and the following number of units are being requested:	
Project has five (5) or more 2+ Bedroom units and the following unit types and number of units are being requested. <i>Indicate below the number of PBV Vouchers Requested for Each:</i>	
Family Unification Program – Families	
Homeless Families with Minor Children	
Does the Project achieve any local policy objectives? <i>Indicate yes/no.</i>	
<i>Provide reference(s) to the local policy objectives achieved from the local Housing Elements or other local Strategic Initiatives <b>and</b> provide section number(s) of those plan(s) this application supports:</i>	

**Checklist of Required Attachments:**

- Report from Census/ACS
- Proforma indicating financial viability of the project for the requested term of the PBV assistance
- Deed or Lease if you **have** site control.
- Sale Agreement if you **anticipate** site control.