

HOW TO CONVERT TO PDF



1. Click the **Microsoft Office Button**
2. Point to the arrow next to **Save As**, and then click **PDF or XPS**.
3. In the **File Name** list, type or select a name for the workbook using the following naming format:

APPLICANT_NAME_RSP_Application.pdf
4. In the **Save as type** list, click **PDF**.

If you want to open the file immediately after saving it, select the **Open file after publishing** check box. This check box is available only if you have a PDF reader installed on your computer.

5. Under **Optimize for**, click Standard (publishing online and printing).
6. Click **Options**.
7. Under **Publish What**: select Entire Workbook then click OK.
8. Click **Publish**.

Remember that there are tabs that require support documentation and/or signatures. Once you have executed all required documents and forms, scan them and insert the scanned documents and forms into the PDF application file, behind the respective tab. The Application must be the electronic PDF file created from the Excel file, not a scanned copy of the Excel or PDF file. Scanned copies of the Application are difficult to read, and slow down the process for staff and applicants and make it more difficult for applicants to review for completeness of the application prior to submission.

Creating Bookmarks

After the Excel file has been converted to PDF and all executed forms have been re-inserted into their appropriate location within the file, you will need to create Bookmarks.. To correctly set the Bookmark locations you must have the PDF file open in Adobe Acrobat. Click on the Bookmark icon located on the left-hand side of the Adobe Acrobat screen, or go to the task bar and select these options in the following order: **View → Navigation Panels → Bookmarks**.

If a Bookmark has already been created for each tab within the Excel file, simply re-set the bookmarks to the correct locations. To re-set the location for the Bookmarks, go to the first page of each separately labeled form/exhibit. You will then right-click on the corresponding Bookmark for the form/exhibit you are currently viewing. Select **Set Destination** and a pop-up box will appear asking you the following: "Are you sure you want to set the destination of the selected bookmark to the current location?" Select **Yes**.

If Bookmarks were not already created within the Excel file, then you will need to create these Bookmarks. Go to **Document → Add Bookmark**. Right-click on the first Bookmark and re-name it for the appropriate form or exhibit. You will then need to set the location of the Bookmark by going to the first page of each form or exhibit, right click on the corresponding Bookmark and select **Set Destination**. A pop-up box will appear asking you the following: "Are you sure you want to set the destination of the selected bookmark to the current location?" Select **Yes**.

If after conversion of the Excel file to PDF you have extra blank pages of any exhibit, you can delete those pages in order to limit the size of the file. To delete any extra, unnecessary pages identify the page number(s) you want deleted. On the Adobe Acrobat Task Bar click on Document and select Delete Pages from the drop down list. A box will appear prompting you to select which page(s) you would like to delete. Enter the page numbers to be deleted and hit **OK**.

The PDF formatted file must be checked for the following prior to submission:

Each tab must be correctly bookmarked

Files should average less than 100 kilobytes per page

Files must be readable with free PDF file viewers including Adobe Reader and be compatible with Adobe Reader 5.0 and above

Files should be saved so that "Fast Web View" (or page at a time downloading) is enabled

Text within the PDF file should be searchable using the "Find" command in the PDF viewer



HOME PROGRAM DIVISION
Single Family Activities
Reservation System Participant Application
221 East 11th Street, Austin, Texas 78701-2410
P.O. BOX 13941, Austin, TX 78711-3941

**HOME PROGRAM SINGLE FAMILY ACTIVITIES
RESERVATION SYSTEM PARTICIPANT APPLICATION**

IMPORTANT! This document uses macros. Enable the macros by:

1. Click the "**Options**" button by the Security Warning.
2. A Window will pop up.
3. Select "**Enable this content**"
4. Click **OK**

NOTE: Enable the macros **each** time the application is open.

The application is an EXCEL Workbook, and consists of a series of tabs. Please fill out each tab to the best of your ability. Depending on your answers to certain questions, additional tabs may be activated. A message will appear when this happens. Please use the drop-down menu when prompted, to answer questions.

After you complete the application, save it as an excel document using the following naming format:

APPLICANT_NAME_RSP_Application.xls

Eligible Applicants are Units of General Local Government, Nonprofit Organizations, Public Housing Authorities, and Councils of Government.

Application Threshold Requirements.

Threshold Criteria. Threshold criteria in 10 TAC Chapter 21 concerning Single Family Programs Umbrella Rule and Chapter 23 concerning Single Family HOME Program are mandatory requirements at the time of application submission, unless specifically indicated otherwise. The State HOME Rule is available at: <http://www.tdhca.state.tx.us/rules.htm> Click on TDHCA Rules.

Application Submission.

- a) Applications to participate in the Reservation System will be accepted by the Department on an on-going basis.
- b) All applications must be submitted and documentation provided as described in 10 TAC §23 and the application instructions.

c) All Application materials including the Notice of Funding Availability (NOFA), Regional Allocation Formula Tables, and all applicable HOME rules, will be available on the Department's website at: www.tdhca.state.tx.us. Applications will be required to adhere to the HOME Rule and threshold requirements in effect at the time of Application submission. Applications must be on forms provided by the Department, cannot be altered or modified, and must be in final form before submitting them to the Department.

d) Applicants are required to remit a non-refundable Application fee payable to the Texas Department of Housing and Community Affairs in the amount of \$30 per Application. Payment must be in the form of a check, cashier's check, or money order. **Do not send cash.** The Application fee is not an allowable or reimbursable cost under the HOME Program. An Applicant that is a Nonprofit Organization may request a fee waiver in accordance with Texas Government Code, §2306.147(b). The Department shall waive grant application fees for nonprofit organizations that offer expanded services such as child care, nutrition programs, job training assistance, health services, or human services. The request to waive the Application fee and type of expanded services being provided, must be stated in the Resolution submitted with the Application.

Unless the Application fee is waived, an acknowledgment of receipt will not be emailed until the application fee is received by TDHCA.

e) Application fee may be sent via U.S. Postal Service to:

Texas Department of Housing and Community Affairs-HOME Division
P. O. Box 13941
Austin, Texas 78711

Or via overnight delivery to:

Texas Department of Housing and Community Affairs-HOME Division
221 East 11th Street
Austin, Texas 78701

f) This Application does not include text of the various applicable regulatory provisions pertinent to the HOME Program. For proper completion of the application, the Department strongly encourages potential applicants to review the State and Federal regulations, and contact the HOME Division for guidance and assistance.

g) One copy of the Application in EXCEL format, and one copy of the Application including all attachments in PDF format must be submitted electronically using TDHCA's FTP server. To submit via the FTP server, go to the following website and use the username and password below

<https://sf-files.tdhca.state.tx.us/>

User Name : HOMEApp

Password: H44QYxF

Upload your application by using the "upload" button in the lower left-hand corner of your screen.

TAB 2. APPLICANT INFORMATION

Provide the contact information for the Applicant's staff person who is responsible for application and contract administration. This contact will not be the consultant or the service provider.

A. CONTACT INFORMATION

Applicant Legal Name	County of El Paso
Applicant Contact First Name	Munzer
Applicant Contact Last Name	Alsarraj
Contact Title	Infrastructure Program Manager
Contact Phone	(915) 543-3845
Contact Email	malsarraj@epcounty.com
Mailing Address	800 E. Overland Suite 200
City	El Paso
State	Texas
Zip	79901
Physical Address	800 E. Overland Suite 200
City	El Paso
State	Texas
Zip	79901
Applicant Website	www.epcounty.com

Signature Authority First Name	Ricardo
Signature Authority Last Name	Samaniego
Signature Authority Title	County Judge
Phone	(915) 546-2098
Email	countyjudge@epcounty.com

B. LEGAL DESCRIPTION

Legal Form of Applicant (select from the drop menu)	Unit of Local Government
Does Applicant have a Board of Directors?	No
Federal Taxpayer Identification Number (TIN#)	746000762

Other Designations (select YES or NO from the drop menu):

HUB	No
CHDO	No
COG	No
Tax Exempt	yes
FY end Month	September
FY End Day	30
DUNS Number	098970403
Registered with System for Award Mgmt (SAM)	Yes
SAM Expiration Date	3/4/2021

(Information and registration for a DUNS number can be accessed at www.dnb.com. Information and registration for SAM can be accessed at www.sam.gov)

C. Is Applicant **currently** administering one of the following programs? Select YES or NO from the drop menu.

No	Weatherization	No	Section 8
YES	Self-Help	No	ARRA
No	Disaster Recovery	No	CSBG
No	NSP	No	HOPWA
YES	CDBG	No	HOME

D. Will Applicant self administer the HOME Program Activity(ies) in this Application?

yes

How many staff members will be involved in administering the Program?

1

E. Provide name, title, phone number, e-mail address, and description of responsibilities of the staff that will be responsible for administering the proposed HOME Activity in this application:

Name	Job Title	Phone #	Email Address	Job Responsibilities and experience:
1 Munzer Alsarraj	Infrastructure Program	(915) 543-3845	malsarraj@epcounty.c	Will be administrating the grant co
2 Shani Enriquez	Assistant Planner	(915) 546-2015	senriquez@epcounty.c	Will be assisting witht eh intake, t
3 Jesus Cerna	Planning Tech	(915) 546-2015	jcerna@epcounty.com	Will be assisting with plat require
4 Gilbert Saldana	Senior Engineer	(915) 546-2015	gsaldana@epcounty.c	Will be assisting with the flood pla
5				
6				

F. Will applicant procure a housing consultant? (select YES or NO from the drop menu.)

yes

Provide name, title, phone number, and e-mail address of staff person that will be providing the daily oversight of the consultant or service provider:

Name	Job Title	Phone #	Email Address	Job Responsibilities and experience:
1 To Be Determin after procuring the administrative services				

G. Has Applicant attended TDHCA's First Thursday Income Eligibility Training within the previous 12 months?

yes

TAB 3: DISCLOSURES

If the answer to any of the following questions is "Yes"; please provide a thorough explanation, in narrative form, of the circumstances and copies of correspondence regarding the status of the ruling from the authority that made the determination. This documentation must be included in the PDF file of this application behind Tab 2.

Has Applicant been delinquent on filing of any federal or state tax returns? No

Has Applicant received federal or state findings? yes

Please explain:

El Paso County applied and received funding from USDA, TDA, EPA/NADBANK, TWDB & TDHCA

Has Applicant been delinquent on federal or state debt? No

Has Applicant filed bankruptcy in the last 10 years? No

Has the Applicant been debarred from HUD or other State or Federal programs? No

It is the responsibility of the Applicant to contact HUD to ensure they have not been debarred. HUD is not required to notify debarred persons/entities of their status. Search information at: <https://www.sam.gov/portal/public/SAM/>

TECHNICAL ASSISTANCE SURVEY

Has the Applicant received technical assistance for completing this Application or for the Activity for which this Application is being made? No

CONSULTANT OR SERVICE PROVIDER

Has the Applicant acquired the use of a Consultant or service provider to assist in completing this Application? No

TAB 4. PROGRAM ACTIVITIES

A. RESERVATION SYSTEM PARTICIPATION

Select the Program Activity or Activities the Applicant plans to administer as an RSP. Check all that apply. Select YES or NO from the drop down menu. Additional tabs will be activated upon each selection.

SET ASIDE			
TDHCA HOME Program Activities for which the requested funds will be used:	General	Persons With Disabilities	Disaster Relief
Homeowner Rehabilitation Assistance (HRA)	YES		
Homebuyer Assistance (HBA)			
Tenant Based Rental Assistance (TBRA)			
Contract for Deed Conversion (CFDC)	YES		

B. ADDITIONAL PUBLIC FUNDS COMMITTED TO PROJECT	Amount
Other Federal Funds.	
Enter the contribution amount of other funds that are “federal” in nature, such as CDBG, USDA-Rural Development, HUD Housing Counseling, etc.	\$0.00
State Funds from Non-Federal Sources.	
Enter the contribution amount of other funds that are “state” in nature, such as Housing Trust Fund.	\$0.00
Local Government Funds.	
Enter the contribution amount from local government entities, such as city or county funds.	
Total Public Funds Committed to Project	\$0.00

TAB 5. LOCAL CASH RESERVE

A. DOCUMENTATION OF FINANCIAL CAPACITY

One of the following must be submitted in order to meet the Application threshold requirements. **Select only one of the following** and include the required documentation in the PDF file of the application, behind Tab 4. Also note that the amount of the committed cash reserves must be included and stated in the Applicant's Resolution.

- 1 ☒ **yes** A) Entity's accounting financial statements indicating adequate local unrestricted cash or cash equivalents to utilize as cash reserves, and
B) A letter from the Applicant's bank(s) or financial institution(s) indicating that current account balances are sufficient.

- 2 ☐ **No** A) Evidence of an available line of credit or equivalent in an amount equal to or exceeding the cash reserve requirement.

B. AMOUNT OF CASH RESERVE

The following chart indicates the amount of the cash reserve that is required based on the activities requested.

Reservation Activity	HRA	HBA	CFDC	TBRA
Required Cash Reserve	\$40,000	\$20,000	\$40,000	\$15,000
The amount of cash reserve required is limited to the highest cash reserve required for one activity. For example, if the Applicant is requesting to participate in the Reservation System for HBA and TBRA, the total cash reserve required is \$20,000.				

TAB 6. MATCHING FUNDS

HRA

A. Required Match Contribution Percentage

Based on the Activity and Service Area proposed in the Application, what is Applicant's Match percentage requirement?

15

B. Match Itemization. Place required Match support documentation behind this tab.

TYPE OF MATCH PLEDGED	Pledged Amount	Funds provided by:	If not provided by Applicant, name Provider.
Cash / cash equivalents from non-federal sources			
Value of waived taxes, fees or charges associated with HOME projects (ex: debris removal and container fees, tap fees, electrical hook up, building permits)			
Value of donated labor (includes volunteer labor)			
Value of donated professional services			
Donated Site Preparation (limit \$1,500/unit)			
Donated Demolition Services (limit \$4,000/unit)			
Cost of infrastructure improvements associated with HOME projects			
Value of donated use of site preparation or construction equipment and materials			
Donated Real Property			
Direct Cost of Homebuyer Counseling			
Total Value of Match Pledged:	\$0.00		

TAB 7. APPLICANT'S SERVICE AREA

Complete this section for each activity proposed under this application. Enter each county separately. List the targeted city(s) or colonia(s). Refer to the Participating Jurisdiction (PJ) and Consortium list under Application Reference Material to verify if targeted city or county is located in a PJ. Households located within a PJ are not eligible for assistance.

ACTIVITY - HRA

Enter each County in Service Area

[illegible]

TAB 7. APPLICANT'S SERVICE AREA

Complete this section for each activity proposed under this application. Enter each county separately. List the targeted city(s) or colonia(s). Refer to the Participating Jurisdiction (PJ) and Consortium list under Application Reference Material to verify if targeted city or county is located in a PJ. Households located within a PJ are not eligible for assistance.

ACTIVITY - HRA Disaster Relief

Enter each County in Service Area

[illegible]

TAB 7. APPLICANT'S SERVICE AREA

Complete this section for each activity proposed under this application. Enter each county separately. List the targeted colonia(s). Refer to the Participating Jurisdiction (PJ) and Consortium list under Application Reference Material to verify if targeted city or county is located in a PJ. Households located within a PJ are not eligible for assistance.

ACTIVITY - CFD

Enter each County and Colonia in Service Area

[illegible]

TAB 8. PREVIOUS PARTICIPATION

A previous participation review will be performed prior to allowing access to Department funds through a Reservation Agreement. When applying for a new Reservation Agreement, applicants must include a "Uniform Previous Participation" form behind Tab 8 in the PDF file of this application:

<http://www.tdhca.state.tx.us/pmcomp/forms.htm>

*The form must include each board member, individual with signature authority, executive director or elected official that represents the applicant (as applicable).

* Include any pending state or federal litigation (including administrative proceedings) against the entity along with any final decrees within the last three years behind Tab 8 in the PDF file of this application

TAB 9. AFFIRMATIVE FAIR HOUSING MARKETING PLAN



Applicants must establish an Affirmative Fair Housing Marketing Plan ("AFHMP") in accordance with 10 TAC §20.9(d) and must submit the completed plan behind this tab.

A. Affirmative Fair Housing Marketing Plan. Applicants may submit their AFHMP using any of the following:

- TDHCA's form - AFHMP for Single Family:
<http://www.tdhca.state.tx.us/pmcdocs/FH-SF-AMPlan.docx>
- HUD Form 935.2(B):
<http://portal.hud.gov/hudportal/documents/huddoc?id=935-2b.pdf>
- Equivalent plan that meets all the requirements of 10 TAC §20.9(d)

Note that for purposes of Affirmative Marketing Plans submitted to TDHCA, Persons with Disabilities must always be selected as a group least likely to apply for housing projects/programs.

B. Guidance for completing the AFHMP is located at:

<http://www.tdhca.state.tx.us/pmcdocs/17-FH-Affirm-Marketing-Presentation.pptx>

C. Documentation confirming the demographics of the marketing area which evidences how the groups designated as least likely to apply were selected for targeted marketing efforts. Use of the **TDHCA Single Family Affirmative Marketing Tool** is sufficient to meet this requirement. The tool may be accessed at:

<http://www.tdhca.state.tx.us/pmcomp/sf-amt.htm>

D. Include proposed correspondence to be sent to community contacts listed in 4(c) of the HUD form; and

E. Include copies of any proposed marketing materials (flyers, brochures, etc) to be utilized to market the program.

TAB 10. RESOLUTION

Please submit behind this tab a Resolution from the Applicant's direct governing body which includes the following threshold items pursuant to HOME Rule §23.25:

- A. Authorization of the submission of the Application;
- B. Commitment and amount of cash reserves, if applicable, for use during the RSP Agreement term;
- C. Source of funds for Match obligation and Match dollar amount, if applicable;
- D. Name and title of the person authorized to represent the organization and who also has signature authority to execute a Contract and grant agreement or loan documents, as applicable, unless otherwise stated; and
- E. Date that the resolution was passed by the governing body, which must be within six (6) months preceding Application submission for Reservation System Participation Agreement Applications.

TAB 12. ADMINISTRATIVE FORMS

Submit the following completed documents behind this tab:

A. Payee ID form (Application for Texas Identification Number), found at:

<http://www.tdhca.state.tx.us/home-division/applications.htm>

B. Direct Deposit Form, found at:

<http://www.tdhca.state.tx.us/home-division/applications.htm>

C. Administrative Environmental Clearance Forms, found at:

<http://www.tdhca.state.tx.us/home-division/applications.htm>

The two forms to be completed are found under "Administrative Environmental Forms":

- Exemption Determination
- Compliance Documentation

D. Documentation of the 9-digit Federal Tax Identification Number from the IRS (IRS Letter); and

E. Evidence of current registration in the System for Award Management (SAM).

The SAM website can be accessed at:

<https://www.sam.gov/portal/public/SAM/>

Evidence may be in the form of a printed page from the SAM website which states both the name and DUNS number of the Applicant.

TAB 13. CONSTRUCTION OVERSIGHT

CONSTRUCTION OVERSIGHT

If Applicant is approved as a Reservation System Participant, Applicant will be responsible for the direct oversight of construction activities for the assisted units regardless if Applicant procures a housing consultant to administer the program. Provide the name, title, email and phone number of the person that will be providing the construction oversight. The assigned person cannot be the consultant.

Name:	Munzer Alsarraj
Title:	Infrastructure Program Manager
Phone Number:	(915) 546-2015
Email:	malsarraj@epcounty.com
Detail how the Applicant will conduct construction oversight?	
Munzer Alsarraj has more than 15 years of experience managing construction programs. This includes water, wastewater and subdivision developments	
Detail how the Applicant will document the construction oversight?	
The construction oversight will be through logs, inspection checklists, pictures and inspection reports.	
Does the Applicant have a qualified construction inspector on staff?	yes
Detail this person's experience:	
Mr. Lorenzo Derma, Construction Coordinator has over 20 years in building construction inspections	
Will the staff construction inspector be responsible for the construction oversight?	yes
Please list person who will be responsible for the construction oversight. (This person cannot be the housing consultant.)	
Mr. Lorenzo Derma, Construction Coordinator	

TAB 16. CERTIFICATION OF APPLICANT

On behalf of the Applicant and all affiliates of the Applicant (hereinafter "Applicant"), I (We) hereby certify that the Applicant is familiar with the provisions of the federal HOME Final Rule, as published in 24 CFR Part 92, the state HOME Rules, as published in 10 TAC Chapter 23, the Single Family Programs Umbrella Rule, and other related administrative rules, and regulations and court rulings issued by the Federal government or State of Texas with respect to the HOME Investment Partnerships Program and will comply with such rules during the application process and in the event of award, for the duration of the executed agreement.

This certification must be signed and filed by a person(s) who is authorized to execute the HOME Contract or a Reservation System Participation Agreement. Make additional copies of form for each signature authority.

The Applicant hereby assures and certifies that they possess legal authority to apply for HOME funds and to execute a funding agreement or contract for the proposed program and that the governing body has duly adopted or passed an official act of a resolution, motion or similar action authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing a signature authority to act in connection with the application and to provide additional information as may be required.

I (We) hereby acknowledge that this Application is subject to disclosure under Chapter 552, Texas Government Code, the Texas Public Information Act, unless a valid exception exists.

I (We) certify that no person or entity that would benefit from the award of HOME funds has provided a source of match or has satisfied the Applicant's cash reserve obligation or made promises in connection therewith.

I (We) certify that I (We) will meet TDHCA construction standards, as well as the Fair Housing Accessibility Standards and Section 504 of the Rehabilitation Act of 1973. I (We) certify that the HOME Activity(ies) applied for in this Application will meet all local building codes or standards that may apply. If the Applicant's service area is located within a jurisdiction that does not have building codes, I (We) will meet the most current International Building Code.

I (We) certify that I (We) will comply with the Uniform Relocation Assistance and Real Property Acquisition Policies Act (Uniform Act or URA) by implementing, when required, the procedures outlined in 49 CFR Part 24;

I certify that all statements made in this Application and related tabs are true, complete, and correct and are made in good faith. I further certify that:

The Participants in the Application Information, Uniform Previous Participation Form, herein after referred to as the "Previous Participation Form" contains a listing of every development activity that received TDHCA funding, which I have been or am now an Applicant.

For the period beginning ten years prior to the date of this certification:

I have not been arrested, indicted, convicted, or imprisoned for a felony, and am not presently the subject of a complaint or indictment charging for a crime of moral turpitude.

I have not been suspended, debarred, or been subject to enforcement action under state or federal securities law, or otherwise restricted by any department or agency of federal or state government from doing business with such department or agency.

I have not defaulted on an obligation covered by a surety or performance bond and have not been the subject of a claim under an employee fidelity bond.

For the period beginning ten years prior to the date of this certification, during my participation in the developments shown by me in the Previous Participation Form, there has not been:

A mortgage in default, assigned or foreclosed, nor has mortgage relief by the lender been given;

to the best of my knowledge, unresolved findings raised as a result of Departmental or HUD audits, management reviews or other governmental investigation concerning me or my developments, or contracts;

any breach by the owner of any agreements relating to the construction or rehabilitation, use, operation, management, or disposition; or

a suspension or termination of payments under any state or federal assistance contract.

To the best of my knowledge, the Applicant has demonstrated fiscal, programmatic, and contractual compliance on previously awarded Department contracts or loan agreements and resolution of any previous audit findings and outstanding monetary obligation with the Department.

HOME funds may be used to pay indirect costs in accordance with 2 CFR Part §200.414. Indirect costs may be applied individually to eligible costs as part of a Department approved cost allocation plan, applied as a set amount using the de minimus rate elected in accordance with 2 CFR Part 200, or an indirect cost rate approved by the applicant's Federal cognizant agency. Administrators that elect to charge an indirect cost rate must notify the department by checking this box so that the Department can obtain additional information for inclusion in the contract, if awarded.

Does Administrator elect to charge an indirect cost rate? (Yes or No)

☐

As required by Section 2306.257 of the Texas Government Code, as amended, an Applicant may not receive funds or other assistance from the Department unless the Applicant certifies that it is in compliance with the housing laws described in subparagraph (a) through (d) of this paragraph. To satisfy that requirement, I hereby certify that the developments listed in the Previous Participation Form, in which I am currently participating, are in compliance with: state and federal fair housing laws, including Chapter 301, Property Code, the Texas Fair Housing Act; Title VIII of the Civil Rights Act of 1968 (42 U.S.C. Section 3601 et seq.); and the Fair Housing Amendments of 1988 (42 U.S.C. Section 3601 et seq.), the Civil Rights Act of 1964 (42 U.S.C. Section 2000a et seq.), the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), and the Rehabilitation Act of 1973 (29 U.S.C. Section 701 et seq.).

The Applicant also certifies that the Applicant, or a branch, division, or department of said Applicant does not and will not knowingly employ an undocumented worker, where "undocumented worker" means an individual who, at the time of employment, is not lawfully admitted for permanent residence to the United States or authorized under law to be employed in that manner in the United States. If, after receiving a public subsidy, the Applicant, or a branch, division, or department of the Applicant is convicted of a violation under 8 U.S.C Section 1324a(f), the Applicant shall repay the amount of the public subsidy with interest, at the rate and according to the other terms provided by an agreement under Tex. Gov't Code Section 2264.053, not later than the 120th day after the date TDHCA notifies the Applicant of the violation."

I further certify that I understand that the Department periodically monitors for compliance. The monitoring level for each housing program is based on the amount of risk of noncompliance. The Department shall notify a recipient who has received funds or other assistance from the Department in writing of an apparent violation and shall afford the recipient a reasonable amount of time, as determined by the Department, to correct the identified violation, if possible, prior to the imposition of a sanction. The Department shall notify the Texas Commission on Human Rights at the same time notification is sent to the recipient. I understand that the Department may impose one or more of the following sanctions depending on the severity of the violation of a law by a recipient of housing funds or other assistance from the Department:

A reprimand posted on the Department's website,

Termination of assistance, or

a bar on future eligibility for assistance through a housing program administered by the Department. A bar shall be in place for at least one calendar year from the date of imposition by the Department and may not last for more than ten calendar years from the date of imposition.

I understand that as an applicant, Applicant will enter into an Agreement or Contract with the Texas Department of Housing and Community Affairs if funding is awarded, and will provide additional information as requested by the Department and in accordance with 10 TAC Chapters 20 and 23.

I (We) hereby agree to implement the following specific affirmative action steps to increase the utilization of business concerns located within the boundaries of the local municipality in which the Development is located ("Local Opportunity Plan").

1 Identify eligible business concerns for HOME assisted contracts through; the Chamber of Commerce, the Urban League, local advertising median including public signage; project area committees, citizen advisory boards; lists available through the local HUD program official; and all other appropriate referral sources.

2 Maintain a list of eligible business concerns for utilization in the HOME funded procurements to insure that all appropriate project area business concerns are notified of pending contractual opportunities, and to make available this list for general city/county procurement needs.

- 3 Maintain records, including copies of correspondence, memoranda, etc., which document that
all of the above affirmative action steps have been taken.
- 4 Appoint or recruit a qualified individual as Equal Opportunity Officer to coordinate the
implementation of the Local Opportunity Plan.
- 5 Applicant will comply with Section 3 in accordance with 24 CFR 135.34 and will make every
effort to hire low-income individuals from the community.

I (We), have read and fully agree to this plan, and become a party to the full implementation of the Local Opportunity Plan.

I (We) understand that the environmental effects of each activity carried out with funds provided under this application must be assessed in accordance with the provisions of the State HOME Rules, National Environmental Policy Act of 1969 (NEPA) (42 U.S.C. § 432 et. Seq.) and the related activities listed in HUD's implementing regulations at 24 CFR. parts 50, 51, 55 and 58 (NEPA regulations). Each such activity must have an environmental review completed and support documentation prepared complying with the NEPA and NEPA regulations. No loan may close or funds be committed to an activity before the completion of the environmental review process, including the requirements of 24 CFR Part 58, and the Department has provided written clearance.

Applicant must immediately report to TDHCA any real, potential or perceived conflict of interest as outlined in 24 CFR Part 35 and 24 CFR Part 84 and 85, as applicable, regarding the receipt of, assistance provided with, or expenditure of HOME funds.

The undersigned hereby makes application to TDHCA for financial assistance, has read and understands the application instructions, and certifies that all information herein is true and correct to the best of their knowledge and belief.

Applicant's Signature

Applicant's Signature Authority Printed Name

Applicant's Signature Authority Title

Date

TAB 17. HRA PROGRAM ACTIVITY QUESTIONNAIRE
--

A. Has Applicant administered a HOME Rehabilitation Assistance or similar Program?	yes
--	-----

B. Pre-qualified contractors

Has the applicant procured single family construction contractors and created a pre-qualified contractor's list?	yes
--	-----

Has the list been updated within the previous 12 months	yes
---	-----

Provide a legible copy of the pre-qualified contractor's list behind this tab.

C. Does Applicant have a housing/construction inspector on staff?	yes
---	-----

D. Does Applicant's unit of local government have specific single family housing construction restrictions/ordinance? (Example, housing units must be a minimum square footage, no manufactured housing in certain areas.)	No
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To comply with the S.A.F.E. Mortgage Licensing Act of 2008:

E. Does the Applicant have a licensed Residential Mortgage Loan Origination (RMLO) Person on Staff	yes
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If no, Applicant must ensure compliance with the S.A.F.E. Act

SAFE Act Information:

http://www.sml.texas.gov/ResidentialMortgageLoanOriginator/rmlo_statutes_rules.html

TAB 17. CFDC PROGRAM ACTIVITY QUESTIONNAIRE

A. Has Applicant administered a HOME Contract for Deed Conversion Program or similar Program?	yes
B. Does Applicant have a waiting list?	yes
C. Pre-qualified contractors: Has the applicant procured single family construction contractors and created a pre-qualified contractor's list? Has the list been updated within the previous 12 months	yes
Provide a legible copy of the pre-qualified contractor's list behind this tab.	
D. Does Applicant have a certified Construction Inspector on staff?	yes
E. Verification of Colonia Status Secretary of the State website: http://www.sos.state.tx.us/border/colonias/reg-colonias/index.shtml Office of the Attorney General: https://maps.oag.state.tx.us/colgeog/colgeog_online.html	
1. Are targeted Colonias registered with the Secretary of the State?	yes
2. Select the targeted county(ies) and place a copy of the county(ies) page listing the Colonia(s) behind this tab	
F. Does Applicant's unit of local government have specific housing construction restrictions/ordinance? (Example, housing units must be a minimum square footage, no manufactured housing in certain areas.)	No

To comply with the S.A.F.E. Mortgage Licensing Act of 2008:

E. Does the Applicant have a licensed Residential Mortgage Loan Origination (RMLO) Person on Staff	yes
--	-----

If no, Applicant must ensure compliance with the S.A.F.E. Act

SAFE Act Information:

http://www.sml.texas.gov/ResidentialMortgageLoanOriginator/rmlo_statutes_rules.html

TAB 18. APPLICATION CHECKLIST

The PDF copy of the Application must be Bookmarked with numbered tabs according to the checklist detailed below.

A. APPLICATION CHECKLIST FOR APPLICATION .PDF FILE

Tab #	Item	Tab completed or N/A
1	\$30.00 Application Fee (if applicable) Provide a copy of the check or money order and place behind this tab.	
2	Applicant Information	
	Support Documentation (if applicable)	
3	Disclosures	
4	Program Activities	
5	Local Cash Reserves	
	Support Documentation	
6	Matching Funds	
	Support Documentation	
7	Applicant's Service Area Submit 1 form for each activity selected under Tab 4	
8	Previous Participation	
9	Publication and Affirmative Marketing Plan	
10	Resolution	
	Resolution Attached (all requirements addressed)	
11	Nonprofit Organization Information	
	Support documentation - By-Laws	
12	Administrative Forms:	
	a) Payee ID Form	
	b) Direct Deposit Form	
	c) Administrative Environmental Clearance Form	
	d) IRS Letter stating Federal Tax ID Number	
	e) SAM print out	
13	Construction Oversight (if applicable)	
	Submit Support Documentation	
14	Lender Products and Homebuyer Counseling (if applicable)	
	Submit Support Documentation	
15	Self-Sufficiency Plan (if applicable)	
	Submit Support Documentation	
16	Certification of Applicant	

17	Program Questionnaires	
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TAB 19. APPLICATION REFERENCE MATERIAL

1. Federal HOME Final Rule, 24 CFR Part 92 (HUD website)
http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title24/24cfr92_main_02.tpl
2. State HOME Rule, 10 TAC Chapter 20 and 10 TAC Chapter 23 (Secretary of the State)
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=3&ti=10&pt=1](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=3&ti=10&pt=1)
3. HUD HOME Income Limits (Maximum income limit for HOME is 80% AMFI)
<https://www.hudexchange.info/programs/home/home-income-limits/>
4. Fair Market Rents – HOME TBRA
<https://www.huduser.gov/portal/datasets/fmr.html>
7. Participating Jurisdiction List
<http://www.tdhca.state.tx.us/multifamily/home/index.htm>
5. Single Family Match Guide for HOME Program
<http://www.tdhca.state.tx.us/home-division/docs/16-MatchGuide.pdf>
8. American Community Survey (ACS) Demographic and Housing Estimates (American Fact Finder, US Census Bureau website):
<http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>
9. Verification of Colonia Status: The Office of the Attorney General
<https://coloniadata.oag.state.tx.us/>

(HOME RSP application version 10/31/2018)



Texas Department of Housing and Community Affairs

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