2025 HOME TBRA APPLICATION MANUAL

HOME STAFF

IFA/1963 BELL AVENUE

INSTRUCTIONS

Users and Access

Username. All users must have own username. Username requests shall be submitted through the online Application by selecting "request one". Username and passwords must not be shared.

Granting Access. Each Applicant shall be responsible for granting and removing Application access to each user. The person who creates the Application shall be the "creator" and shall be responsible for granting and removing Application access to authorized users. IFA recommends that a regular review of users' access to each Application be completed by Applicants.

Overview

Application Tabs. Complete entry of each Application Tab, save, upload required exhibits to the threshold Application, and submit.

The red X on each Tab will change to a green check mark when all information is entered correctly and saved. Some Tabs will have a red X until each tab with corresponding requirements have been entered.

If a red X remains and no error message was received when "Submit" was selected, go back to the tab with the red X and save.

Prior to Application Submittal. Questions regarding an interpretation or clarification of the HOME policies/procedures/rules may be submitted to home@iowafinance.com .The questions and answers will be placed on the 2025 HOME Round webpage. Please do not contact a HOME staff directly,

Binding Obligations. The representations made in the Application shall bind the Applicant and shall become a contractual obligation of the Developer and the Ownership Entity and any Entity the Developer or the Ownership Entity is representing in the presentation of the Application or a successor in interest in the event HOME funds are awarded to a proposed Project.

Complete Application. Complete Applications for HOME under the current funding round are required to be submitted through the online Application **by 4:00 PM on April 25, 2025**.

After Application Submittal. No Applicant shall contact any IFA staff or Board members, nor shall anyone contact staff or Board members on the Applicant's behalf, in order to unduly influence IFA's determination related to the review or award of HOME.

Threshold Deficiency Review Period. The Application, once submitted, shall be unavailable to the Applicant until such time that the Applicant needs to make a change per IFA's request during the Threshold Deficiency Review period. An email will notify the Applicant of the deficiencies for review and response. The Applicant shall respond in the Application, make corrections within the appropriate Application Tabs, if applicable, and submit the Application to IFA within the time allowed for the deficiency responses.

Changes to the Application shall not be allowed that maintain or improve the score received by an Applicant.

A change in funding sources, shall not be allowed during the threshold deficiency review period unless specifically requested by IFA.

The Developer fees may not be increased after submission of the threshold Application.

The deficiency review period is the one and only opportunity to respond to items, and only those items in IFA's deficiency report.

Scoring. Scoring exhibits are due at threshold Application submission and cannot be provided during the deficiency period. IFA will award scoring points based on the evidence provided in the Application and exhibits. IFA designed the scoring to allow Applicants to propose Projects **that work best for their communities**, targeted market and development organizations, **not to garner maximum points**. IFA shall make the final determination of the Applicant's score. Scoring determinations made in prior years are not binding on IFA for the current funding round.

PROJECTS THAT DO NOT PASS THRESHOLD WILL NOT BE SCORED

TBRA Application

GUIDANCE BY TAB (Be sure to **save each Tab before exiting** the Application)

GENERAL INFORMATION

This manual highlight and is a summary of the application, this is not an all-inclusive document.

PROJECT NAME & DESCRIPTION

Answer each question in this tab to describe the proposed project.

1. **Project Name.** Complete the name of the project. This project name will remain with your project throughout the affordability period.
2. **Occupancy Type.** Family
3. **Targeted Population.** Select N/A; Homeless persons, including homeless individuals, families, youth and/or veterans; persons with disabilities; persons with HIV/Aids; persons with substance abuse; transitional housing, and victims of domestic violence from the dropdown box.
4. **Cities to be Served:** Select area of service.
5. **Description of the project.** Provide a complete description of the project.
6. **Does Public Housing Authority have a waiting list.** Select yes or no.
7. **How many households are on the Public Housing Authority waiting list.** Insert Number.
8. **What is the average wait period.** From the drop-down pick: 0-3 months, 4-6 months, 7-9 months, 10-12 months, or 13+ months.
9. **In addition to the Public Housing Authority wait list, what other evidence of need is available.** Describe.
10. **Will this activity be coordinated with other housing programs.** Describe
11. **Provide local support for the project.** Describe.
12. **The project must serve tenants at or below 80% AMI and 90% of the families assisted must be at or below 60% AMI. What AMI levels does this project intend to serve.** Describe what AMI families will be served.
13. **Assistance will not be for more than 2 years**. Select yes with dropdown box.
14. **Do you have a plan for tenants to work toward self-sufficiency.** Select either yes or no from the dropdown box.
15. **List the minimum tenant dollar contribution or the percentage of income established for the project**. Select dollar amount or % of income and input amount into the correct box.
16. **Applicant agrees that TBRA units must meet, HUD standards.** Select yes in

dropdown box.

17. **Applicant agrees that all HOME assisted units will meet the lease term, the prohibited lease provisions, the termination of tenancy, and the te3nant selection criteria established in HUD Section 92.253.** Select yes in the dropdown box.

18. **Webinar.** Did a member of the applying entity attend or view the HOME Application webinar. **(Applicants are required to view the webinar. A recording will be posted on the HOME resources page)**

SUBRECIPIENT ORGANIZATION

Organization

Complete organization entity name, address, city, county, state, zip code, and email address.

General Information.

Select entity type from dropdown non-profit or other.

UEI Number:

Enter the 12 alpha/digits, do not include dashes.

Tax Identification Number

Enter the tax identification for the ownership entity.

Contract Person

Enter the first and last name of the contact person, address, city, county, state, zip code, phone number and email address. This person will receive all information per application, including any deficiencies that will be sent.

PROJECT TEAM

Enter each team member that will be working with the project. There should be adequate team members involved to ensure the success of the project. Indicate the length of partnership between team members. Be sure to add the authorized signatory for the project. **(Only 1 person per team member type can be listed except for team member type "Other".)**

CAPACITY

1. **Has the Subrecipient Organization previously submitted a State HOME application.** Select yes or no from the drop-down box.

2. **Has the Subrecipient Organization previously received a State HOME award?** Select yes or no form the dropdown box.

3. **List prior TBRA HOME funded projects that the Subrecipient Organization has administered in the last five years**. Describe prior TBRA HOME project.

4. **If this is your first HOME program project, are you proposing that any other**

HOME projects with any state or local programs be undertaken simultaneously. Select yes, no, not 1st HOME project. If yes, please describe.

5. **Provide a description of any other past programs or projects that the Subrecipient Organization administered which successfully promoted low-income housing within the last five years. (Exclude HOME TBRA projects).** Describe.

6. **Has the Subrecipient Organization worked on any housing project/program where it had to repay or forfeit any funds awarded by a federal, state, or local program?** Select yes or no from the dropdown box. If yes, please describe.

7. **Has the Subrecipient Organization worked on any housing project/program which currently has an outstanding noncompliance issue for a federal, state, or local program?** Select yes or no from the dropdown box. If yes, please describe.

8. **Has the Subrecipient Organization experienced any turnover in key staff positions in the past two years.** Select yes or no from the dropdown box. If yes, please describe.

9. **Does your staff have experience in organization, marketing, and/or property management.** Choose yes or no. If yes, enter the experience under the applicable category found in the **"Staffing Experience For Proposed Project"** section'.

STAFFING EXPERIENCE FOR PROPOSED PROJECT

INSTRUCTIONS: Enter individual or company information in each area where there is staffing experience. Type of position held must fall into one of the following defined categories:

STAFF - Staff are full-time employees as defined by the IRS. This does not include Board members, volunteers, and consultants who do not have responsibility for day-to-day operations.

CONTRACT EMPLOYEES - Contract employees are those individuals who are paid but not entitled to receive benefits.

PARTNERS - Partners are those with a legally or contractually defined role in the control of the project decision making (e.g., tax credit investors, joint ventures, etc.)

OTHERS - Others are consultants, architects, marketing firms, etc.

Applicant Organization Experience

Previous TBRA HOME Project

Rent Subsidy Program (Section 8 vouchers, etc.)

Marketing

Advertising

Leasing (Initial Leasing Experience)

Technical Services (if applicable)

Property Management

Compliance (Program regulations, bldg. codes, & contractual responsibilities)

Property Manager

Property Maintenance

Lease/Tenant Relations (Includes rent collection, re-leasing, termination, other tenant-related issues)

HQS/NSPIRE Inspection Experience

Tenant Income Determination

Lead Based Paint/Asbestos

PROJECT TIMETABLE

If awarded funds, project must be completed with 24 months of the executed contract. Insert your time schedule into the project timetable.

FUNDING SOURCES AND MATCH

Funding Sources for Project Costs (These amounts must be included on the BUDGET tab of the application.) List sources of all funds for the proposed project.

Additional Match (Any additional means or sources of value attributed to the project that are non-cash. These amounts should not be included in the BUDGET section of the application.) List additional match that are non-cash and not listed above.

BUDGET
Project Cost Breakdown

Rent Subsidies

A. Estimated Amount of Monthly Rent Subsidy per Unit Size
B. # of Families to Receive this Subsidy Amt.
C. # of months to be Provided

Total Rent Subsidies per Unit Size (=A x B x C)

Insert the numbers into the appropriate size of units expecting to use for the TBRA tenants

Total Rent Subsidies

  D. Amount funded by other sources
  E. Amount funded by HOME

How many of the households receiving rent subsidies will also receive security deposits?

 How many of the households receiving rent subsidies will also receive utility deposits

Security Deposits

  A.   Average Amt. of Security Deposit
  B.   # of Families to Receive Security Deposit Assistance

Total Security Deposits

  C. Amount Funded by Other Sources
  D. Amount Funded by HOME

How many of the families receiving security deposit assistance in the line B will not receive a rent subsidy listed in the Rent Subsidies section. (if you put a zero or blank in B for security deposits, enter a zero for this answer.)

Utility Deposits

  A. Average Amt. of Utility Deposit per Unit Size
  B. # of Families to Receive Utility Deposit Assistance

  Total Utility Deposits

  C.   Amount Funded by Other Sources
  D.   Amount Funded by HOME

How many of the families receiving utility deposit assistance in line B. will NOT receive a rent subsidy listed in the Rent Subsidies section? (If you put a zero or blank in B. for utility deposits, enter a zero for this answer.)

NOTE: Utility Deposits cannot be used alone. They must be used in conjunction with Rent Subsidies or Security Deposits. Utility deposits must be a one-time utility hook-up fee and cannot be used to pay for monthly or past due utility bills.

TOTAL HOME funds requested for Rent Subsidies, Security Deposits & Utility Deposits.

Estimated number of households that the project will assist.

Housing Inspection Costs

A. Average Cost of Property Inspection
B. Estimated Number of Inspections

Total Housing Inspection Costs

C. Amount Funded by Other Sources
D. Amount Funded by HOME

Income Eligibility Costs

A. Average Cost of Determination
B. Estimated Number of Determinations

Total Income Eligibility Costs

C. Amount Funded by Other Sources
D. Amount Funded by HOME

TOTAL HOME funds requested for Housing Inspection Cost & Income Eligibility Costs

NOTE: The combined total of HOME funds requested for Housing Inspections Costs and Income Eligibility Costs cannot exceed 8% of the combined total of HOME funds requested for Rent Subsidies, Security Deposits & Utility Deposits.

General Administration Funds Breakdown

Amount Funded by Other Sources

Amount Funded By HOME

Total

NOTE: The total HOME General Administration Funds requested cannot exceed 4% of the combined total of HOME funds requested for Rent Subsidies, Security Deposits & Utility Deposits.

Totals

HOME Project Cost Funds Requested

HOME General Administration Funds Requested

Total Amount Funded By HOME Total Amount Funded By Other Sources

TOTAL PROJECT COST

(Excluding additional non-cash, value attributed match)

GRAND TOTAL PROJECT COST (Including non-cash, value attributed match)

EXHIBITS

Upload all exhibits that are required for your project.

REQUIREMENTS

Read and at the bottom of the page check the box that **"I agree"** to the requirements listed on the page.

OVERVIEW

This tab provides a summary of your application from information that was inputted into the application.

ERROR LOG

This provides an analysis of the errors on your application and shows what needs to be corrected before submission.

SCORING CRITERIA TO PROJECTS THAT <u>PASS</u> THRESHOLD.

The Table below lists the scoring category and guidance on requesting preliminary scoring points.

SCORING TBRA

Match: Category 1	Funding Sources & Match. Eligible local and state sources	Points will be awarded if the application lists match for the project and the IFA required form for the Match exhibit along with the required supporting documentation are provided. The total amount of funding designated as match (as approved by IFA) will be divided by the amount of total HOME funds requested.	0 pts.=0-4% eligible match; 3 pts.=5-9% eligible match; 6 pts.=10-14% eligible match; 9 pts.=15-20% or more eligible match 15 pts. =21% or more eligible match
Targeted Population: category 2	Target	Points will be awarded for projects targeting one of these populations: 1) Homeless persons, including homeless individuals, families, youth and/or veterans; 2) Persons with HIV/AIDS; 3) Persons with disabilities; 4) Persons with Substance Abuse Addiction; 5) Transitional Housing; 6) Victims of Domestic Violence.	Either 0 or 10 points
85% Rent Subsidies: category 3	Rent Subsidies	0 to 10 points will be awarded if the application's BUDGET tab shows that 85% or more of the estimated number of households assisted will receive rent subsidies.	Either 0 or 10 points

Capacity: Category 4	Capacity	Points will be awarded based on IFA's review of the Capacity section of the application:

High Risk Determination-0 points;

Medium Risk Determination-5 points;

Low Risk Determination-10 points | Either 0, 5 or 10 points |

Resources

IFA Website: Notices**,** Application Package, Home Exhibits, Appendices, IFA Forms, and Webinars.

HOME APPENDICIES

Appendices	Description
A	Tip Sheet & Links
B	HOME Maximum Per Unit Subsidy Limits
C	Underwriting Standards
D	Match Contribution Information
E	Restrictions on Lobbying
F	Providing Audits-Nonprofit, CHDO
G	Providing Financial Statements – For Profit
H	Long-Term Inspection Fees
I	Appraisal Information
J	Iowa's Minimum Housing Rehabilitation Standards
K	Iowa Title Guaranty- Rate Sheet
L	CDC Social Vulnerability Index
M	Lead Based Paint Requirements
N	Noise Standards
O	Iowa Census Tract Minority Percentages (for new construction or acquisition/new construction)
P	Scope of Work

HOME EXHIBIT LIST

Exhibit	Description	Required
H-1	Application Certification – <u>IFA Required Form</u>	Yes
H-2	Assurances Signature Page – <u>IFA Required Form</u>	Yes
H-3	Applicant/Recipient Disclosure/Update Form (HUD2880)	Yes
H-4	W-9 Form (Request for Taxpayer ID # & Certification)	Yes
H-5	Minority Impact Statement – <u>IFA Required Form</u>	Yes
H-6	No Lobbying Certificate – <u>IFA Required Form</u>	Home Request over $100,000
H-7	Disclosure of Lobbying Activities	If applicable
H-8	Local Support	Yes
H-9	Nonprofit Status • IRS letter stating the entity is a qualified nonprofit with a tax-exempt status ruling under 501(c); and • Current good standing letter from the Iowa Secretary of State's Office	Nonprofit
H-12	HOME Utility Allowance Document Refer to HOME Exhibit on website.	Yes
H-16	Match Documentation	Yes

TBRA THRESHOLD ITEMS

Code Reference	Description	Required
Application	Complete Application	Yes
Application	Compliance with IFA Programs IFA determines, at its discretion, whether the Subrecipient or partners listed for the project pass threshold if they are delinquent or out of compliance with another IFA program.	Yes
Application	Repay/Forfeit Funds The Subrecipient Organization has not worked on any housing project/program where it had to repay or forfeit any funds awarded by a federal, state or local program.	MUST answer & explain
Application	Project Timeline Project must be completed within 24 months of the executed contract.	Yes
Application	Local Support The application shall demonstrate local support for the proposed activity.	Yes
Application	HOME Certification The application shall include a HOME Certification that the applicant will comply with all applicable state and federal laws and regulation.	Yes
Application	Evidence of Need The application shall provide evidence of the need for the proposed activity, the potential impact of the proposed activity, the feasibility	Yes

	of the proposed activity, and the impact of additional housing resources on the existing related housing market.	
Application	Award Limit An award shall be limited to no more than $500,000 for a TBRA application	Yes
Federal 24 CFR Part 92.209	Rents TBRA, gross rents shall not exceed the jurisdiction's applicable rent standard and shall be reasonable, based on rents charged for comparable, unassisted rental units	Yes
Federal 24 CFR Part 92.209	HQS or NSPIRE Standards Applicant agrees that all TBRA assisted units will meet HQS or NSPIRE standards.	Yes

Federal 24 CFR Part 92.216	Household Income Only households with incomes at or below 80% AMI shall be assisted; 90% of the households served shall have incomes at or below 60% AMI.	Yes
Federal 24 CFR Part 92.250	Gap Financing The application shall show that a need for HOME assistance exists after all other financial resources have been identified and secured for the proposed activity.	Yes
Federal 24 CFR 92.504	Project Timeline Activity timeline for completing the project is within allowed HUD guidelines.	Yes
Federal	Eligible HOME Applicant Application is from a qualified, eligible HOME applicant.	Yes

Federal	Eligible HOME Activities Funds requested are for an eligible HOME activity/activities.	Yes
Federal	HOME Purpose & Consolidated Plan The application shall propose a housing activity consistent with the HOME fund purpose and eligibility requirements and the state consolidated plan.	Yes
Federal	Capacity The application shall document the applicant's capacity to administer the proposed activity. Such documentation may include successful administration of prior housing activities	Yes
Federal	General Administration Subrecipient shall identify general administrative costs in the HOME application. IFA reserves the right to negotiate the amount of funds provided for general administration, but in no case shall the amount for general administration exceed 10% of a total HOME award. Only local government and nonprofit recipients are eligible for general administrative funds. Subrecipients must certify that all general administrative costs reimbursed by HOME are separate from and not reimbursed by HOME as a technical assistance cost.	Only if applying for Admin funds

AWARD OF HOME PROJECT

The Iowa Finance Authority Board of Directors shall issue awards for the current funding round at the IFA Board meeting. A ranking list of applications shall be available at that time. The spread sheet is a ranking of all Applicants based upon the final score determined by IFA.

A written notification of a HOME award or denial shall be emailed to each Applicant after the IFA Board meeting. The IFA Board of Directors meet the first Wednesday of each month.

DISCLAIMER This document provides an over of the HOME online Application and is not all-inclusive or a re-iteration of all the requirements. Updates to this manual will be available on the current funding round's webpage. Should an inconsistency be noted between the HOME rules/regulation and this document, the HOME rule/regulations shall prevail.