

Proposal for a Public Housing Project

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (Exp. 11/30/2008)

See Public Reporting Burden Statement on Page 3.

Project Number: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px);"></div> P </div>	If an ACC for Front-End Funds was executed: Loan Authority= _____ Contract Authority= \$ _____ Date: _____	Allocation Area: <input type="checkbox"/> Metro Area <input type="checkbox"/> PHA inside Central City Allocation Area <input type="checkbox"/> Non-Metro Area <input type="checkbox"/> PHA outside Central City Allocation Area
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Part I—PHA Data

1. Name of PHA:	2. Address of PHA:
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3. PHA area of jurisdiction includes the community for which public housing development assistance is being requested.
4. The required Cooperation Agreements are executed for the proposed project.
5. A current General Certificate: (a) is attached (b) was submitted, dated _____, and is still valid.
6. The required PHA resolution authorizing submission of this PHA Proposal, etc., (a) is attached (b) was submitted, dated _____

Part II—Proposal Project Summary and Development Schedule

Section A. Project Location

1. Community:	2. County or Other Similar Area:	3. Congressional District(s)	4. Census Tracts/Enumeration District(s)
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Section B. Housing Type and Development Method

1. Housing Type and Development Method (1) Conventional <input type="checkbox"/> (2) Turnkey <input type="checkbox"/> (a) New Construction <input type="checkbox"/> (3) Acquisition <input type="checkbox"/> (b) Rehabilitation <input checked="" type="checkbox"/> (c) Existing <input checked="" type="checkbox"/>	9. If Turnkey: (a) <input type="checkbox"/> RFP and Developer's Packet is attached. (b) <input type="checkbox"/> PHA selected Turnkey Proposal is attached. (c) <input type="checkbox"/> PHA certifies that Turnkey Proposal was selected based on an objective rating system using such factors as site location, project design, price and developer experience.	3. Congregate or other special-use housing (a) <input type="checkbox"/> is (b) <input type="checkbox"/> is not proposed. If "Yes" specify use(s) and number of units:
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Section C. Dwelling Units by Household Type and Structure Type

As appropriate, enter the number of dwelling units (DUs), proposed for this project by number of bedrooms, structure and household type.

	Column 1 Structure Type ¹	Column 2 No. of Buildings	Column 3 Total DUs			Column 4 Number of Family and Large Family DUs						Column 5 Number of Elderly DUs			
			(a) Total	(b) Family	(c) Elderly	(a) 1-BR	(b) 2-BR	(c) 3-BR	(d) 4-BR	(e) 5-BR	(f) 6-BR	(a) Efficiency	(b) 1-BR	(c) 2-BR	
1	D														
2	SD														
3	E														
4	W														
5	E ²														
6	Totals														
7	Number in Line 6 for Hdcp.														

¹ Structure Types are: D=Detached; SD=Semi-Detached; R=Row or Townhouse, W=Walkup; and E=Elevator
² Justification required; See Part III, Item A.4, Density

Section D. Proposed Project Development Schedule

Processing Steps	(a) PHA Submission	Number of Calendar Days		8. Date by which complete proposal will be submitted:
		(1) PHA Estimate	(2) HUD Use	
1. Site Documents	(a) PHA Submission			9. State the earliest option expiration date and identify the applicable site: _____ _____ _____
	(b) HUD Decision	25	25	
2. Design Documents	(a) PHA Submission			
	(b) HUD Decision	45	45	
3. Construction Documents	(a) PHA Submission			
	(b) HUD Decision	45	45	
4. Contract Documents	(a) PHA Submission			
	(b) HUD Decision	15	15	
5. Construction Start				
6. Completion or Acquisition				
7. Total				

Part III—Proposal Content

Section A. Proposed Site, Project Description and Construction Cost

1. **One to Four Family Properties:** A scattered site housing project involving one to four family properties is proposed: (a) Yes, (b) No. If Yes, the following are attached: (1) a neighborhood map identifying specific boundaries within which the PHA proposed to acquire sites or properties; (2) a description of the structural types, unit sizes, and conditions of typical housing in each of the specified neighborhoods; (3) evidence that vacant sites or existing houses, as applicable to the proposal, are regularly offered for sale within cost limitations; and (4) for projects involving 1-to-4-family properties, the attached schedule demonstrates that all properties will be acquired by the PHA within one year of ACC execution and identifies the number of units and dates by which property specific site acquisition documents will be submitted.
2. **Site Design and Cost Reports:** (1) Number of sites in proposed project _____; (b) Number of Forms HUD-52651-A attached _____; (c) A Form HUD-52651-A with required exhibits is attached for: (1) each proposed site and/or (2) a site comprising several contiguous parcels having common exhibits and information; (d) a separate Form HUD-52651-A is attached summarizing the proposed project as a whole.
3. **Proposed Construction Cost/Price:** The total construction cost/price proposed is \$ _____, with a per unit cost/price proposed of \$ _____.
4. **Density:** (a) the PHA proposes a project density which meets HUD requirements including those of compatibility for the number and ages of the intended residents; (b) the proposed project: (1) is (2) is not a scattered-site project; (c) justification for the use of high-rise structures: (1) is not applicable, (2) is attached, or (3) was previously submitted to the Field Office on _____ (date).
5. **Schools:** A letter from the school board (a) is attached (b) is not required.
6. **PHA:** The PHA selected the proposed site(s) to comply with the locations for assisted housing identified in the HUD-approved PHA: (a) Yes or (b) Not Applicable.
7. **Facilities and Services:** For the intended residents, the PHA proposes a project for which: (a) the facilities and services as currently exist, meet or exceed HUD requirements; or (b) with the addition of the following, the facilities will meet or exceed HUD requirements:

Proposed Facility/Service	Source of Funding	Completion Date	Remarks

8. **Nondwelling Space:** (a) the project nondwelling space proposed complements the facilities and services referred to in Item 7 above. If nondwelling space is **not** exclusively for the proposed project, an attachment state the extent that (b) nondwelling space is also for other public housing projects and the applicable amounts and cost of such space and/or (c) nondwelling space is also for projects under other assisted housing programs.
9. **Utility Combination:** The attached Comparative Analysis of Utility Costs (Form HUD-51994) (a) is the one prepared by the Field Office or (b) is a revised one prepared pursuant to requirements.
10. **Housing Opportunities:** (a) the PHA selected the proposed project site to comply with or exceed HUD housing opportunity requirements and (b) the following information has been added to the locality map required by the Form HUD-52651-A: (1) the percentage of minority residents for each of the locality's areas of minority concentration and racially mixed areas; and (2) existing and proposed HUD and other assisted housing.
11. **Environmental:** the PHA proposes a project which complies with or exceeds HUD environmental requirements.
12. **Relocation:** Displacement (a) is (b) is not involved. If displacement is involved, (c) an attachment, in addition to that required by the Form HUD-52651-A, identifies: (1) the type of notice (Notice of Displacement, Notice of Right to Continue in Occupancy, or other notice) proposed to be issued to each occupant; (2) the estimated cost of any required relocation benefits; and (d) the following summarizes potential displacement:

(1) Type of Occupant	a. Total Number	b. Eligible for Assisted Housing	c. Estimated Relocation Cost	(2) Sources of Relocation Cost Funds	
				a. Source	b. Amount
1. Families				1. CDBG	
2. Individuals				2. Public Housing	
3. Business Concerns		xxxxxxxxxxxxxxxxxxxx		3.	
4. Nonprofit Institutions		xxxxxxxxxxxxxxxxxxxx		4.	
5. Total				5. Total	

Section B. Demonstration of Financial Feasibility

This PHA has demonstrated financial feasibility: (1) with the aid of operating subsidy or (2) without the need for operating subsidy, and a Demonstration of Financial Feasibility (Form HUD-52485) or other demonstration pursuant to HUD instructions is attached.

Section C. Professional Assistant to PHA

The following _____ (enter the number) professional service contracts are attached:

1. Service	2. Name and Address of Firm or Individual
a.	a.
b.	b.
c.	c.
d.	d.

Section D. Annual Contributions Contract

Three original, signature copies of the following are attached:

- Form HUD-53010.** Part One of the ACC (Form HUD-53010) signed and dated by the authorized PHA official. (Part Two should not be returned.)
- Forms HUD-274 and HUD-51999.** The Designation of Depository for Direct Deposit of Loan or Grant Funds (Form HUD-274) and the General Depository Agreement (Form HUD-51999) signed and dated by the authorized PHA official and bank representative.
- Forms HUD-9204, HUD-52250 and HUD-5412.** The Project Loan Note (Form HUD-9204), the Permanent Note (Form HUD-52250), and the Note Signature Certificate (Form HUD-5412) signed and dated by the authorized PHA official.

Section E. Request for Advances

- A PHA request for advances (a) is attached (b) is not attached.
- Funds required are for: (a) planning expenses required for the first calendar quarter following Field Office execution of the ACC (\$ _____) and/or (b) site acquisition and related costs (\$ _____).
- A detailed explanation of the nature and the amount of each obligation or proposed obligation and the extent that the obligation is necessary for the proposed project is attached.
- The PHA certifies that required blanket fidelity bond and any other required insurance coverage is in force.

Section F. Signature

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Typed Name and Title of Authorized PHA Official:	Signature:	Date:
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Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This collection of information is required for developing a public housing project pursuant to HUD regulations 24 CFR 94I. The information will be used to provide HUD with sufficient information to enable a determination that funds should or should not be reserved or a contractual commitment made. This information collection is mandated pursuant to the U.S. Housing Act of 1937. The information requested does not lend itself to confidentiality.