RENTAL ASSISTANCE DEMONSTRATION Instructions to Applicants: Owners of Mod Rehab Projects

INTRODUCTION

- 1 In accordance with Notice PIH-2012-32, this Excel-based Application Form shall be used by owners of Mod Rehab projects in submitting applications under the Rental Assistance Demonstration (RAD).
- 2 As part of the application, the user will be completing both an Operating Pro-Forma and a Development Budget for the proposed conversion. An application cannot be submitted (see "fatal error" message, below) if the Pro-Forma or Development Budget do not balance or otherwise contain error messages.

GENERAL INSTRUCTIONS

- 1 Complete one Application Form for each Mod Rehab project proposed for conversion.
- 2 Upon completion of the application, print out the associated attachments.
- 3 Submit the completed application, along with the signed attachments (where applicable), and email to RADApplication@hud.gov.

HOW THIS EXCEL WORKBOOK WORKS

- 1 Fill in all items that appear in grey highlight.
- 2 Bright blue squares containing a white question mark offer additional guidance. the square to read this guidance.

Place the mouse cursor over

- 3 Note that, for the purposes of reviewing applications, HUD has standardized some of the financing assumptions. These benchmarks/assumptions are only for hte purposes of reviewing the applications; actual lender underwriting may be different. If an entry trips one of these assumptions, an error message will appear, indicating either that the user provide an explanation or that the user enter not less than the indicated amount.
- 5 If a "fatal error" message appears in red, the application cannot be submitted. Review the fatal error message and correct the input(s) as needed. The fatal error message will disappear once the input(s) has been corrected.
- Once all information has been entered, print the following form-generated attachments (where applicable):

 Financing Letter of Interest. This is a document that a lender or equity investor must sign. A PDF copy of the signed document must be submitted with the RAD Application. It is designed to give the lender or equity investor information on key aspects of the proposed transaction. A separate Financing Letter of Intent must be submitted for each proposed source of funding. Failure to submit all of the required Letters of Intent with the application will result in its rejection.

• **Choice-Mobility Letter Agreement**. This is a document that will be signed by both the PHA that is providing choice-mobility vouchers and by the Mod Rehab project owner whose RAD project will receive the choice-mobility vouchers. A PDF copy of the signed document must be submitted with the Application in order to qualify for the choice-mobility ranking factor.

These attachments will include the name of the authorized representative identified in the application. Additionally, the Financing Letter of Interest will include both a Statement of Sources and Uses and a Financing Pro-Forma, generated from the information submitted on the Application Form.

Note that the Application Form, along with all the attachments, must be submitted electronically as part of the submission package. The full list of attachments needed will be automatically generated at the end of the Application Form once it has been completed.

Rental Assistance Demonstration (RAD)	HUD Form 5261 (DRAFT)
Mod Rehab Application for Conversion	Office of Public Housing, Office of Multifamily Housing
There are several explanation boxes that extend the full width of this form. below the row number, then dragthe line up or down as needed).	Increase or decrease the height of the box as needed (click to the left on the horizontal line
Section 1: Owner and Project	
Legal name of ownership entity	
Owner Contact Information:	
? Contact Person	
Title	
Mailing Address	
City	
State	Enter two character State code
Zip Code	
Telephone	
Email	
Authorized Owner Representative Title Date Signed	Date owner will sign this form
Project Name	
Project Street Address	
City	
County	
State	Enter two character State code
Zip Code	
? Mod Rehab Contract Number	
Contract Effective Date	
Contract Expiration Date	
-	
Section 2: Type of Conversion	
Are you requesting conversion to PBRA or to PBVs?	

Γ

Are you requesting a Choice-Mobility exemption?

	ation for Conversion			Office of 1	Public Housi	ng, Office of	Multifamil	y Hoi
ction 3: Unit Mix a	nd Rents							
	the Mod Rehab contract and inf	formation for the	assisted and ur	nassisted units at	the project post	-conversion.		
Mod Rehab Contract	Units	0BR	1BR	2BR	3BR	4BR	5BR+	То
Units under Contract								(
Units to Convert								
Contract Rent Levels (from Exhibit A)								\$
Utility Allowance								\$
Other Affordable Unit	<u>s</u>							
Units								(
Rents								\$
<u>Market Rate Units</u>								
Units								
Rents								\$
Total Units Post-RAD		0	0	0	0	0	0	(
TotalMonthly Rent Minimis Reduction		\$0	\$0	\$0	\$0	\$0	\$0	
Minimis Reduction e table below compa reduced, and the app	1 Allowance res the units currently unde licable de minimis threshol xplanation in the accompan	r the Mod Rel ld. If applicab	nab contract, le, indicate th	the number p	proposed for co	onversion, th	e number pr	
Minimis Reduction e table below compa reduced, and the app	res the units currently unde licable de minimis threshol	r the Mod Rel ld. If applicab	nab contract, le, indicate th	the number p	proposed for co	onversion, th	e number pr	oposec
Minimis Reduction e table below compa reduced, and the app low, along with an ex	res the units currently unde licable de minimis threshol xplanation in the accompan	r the Mod Rel ld. If applicab ying text box.	nab contract, le, indicate th	the number p	proposed for co	onversion, th	e number pr	oposec
Minimis Reduction e table below compa reduced, and the app	res the units currently unde licable de minimis threshol	r the Mod Rel ld. If applicab	nab contract, le, indicate th	the number p	proposed for co	onversion, th	e number pr	oposec
Minimis Reduction e table below compa reduced, and the app low, along with an e	res the units currently unde licable de minimis threshol xplanation in the accompan Total Units Proposed for Conversion 0	er the Mod Rel ld. If applicab ying text box. Units Prop	nab contract, le, indicate th osed to be uced	the number p ne number of	proposed for co reductions by	onversion, th	e number pr	oposec

Rental Assistance Demonstration (RAD	•	HUD Form 5261 (· . ·
Mod Rehab Application for Conversion Section 4: Capital needs and Replacement Re		Office of Public Housing, Office of Multifami	y Housing
² Enter the most recent estimate of capital needs for the provide reasonable estimates.	projet, broken down by Immediat	e, Short-term, and Long-term needs. If these break-downs are	not available,
provide reasonable estimates.	Total	Per Unit	
Year 1 (Immediate)	\$0	\$0	
Years 2-5 (Short-term)	\$0	\$0	
Years 6-20 (Long-term)	\$0	\$0	
lease explain how you have arrived at these estimates. xplanation			
? Replacement Reserve Funding			
Enter the current balance of the project's Replacement Current Replacement Reserve Balance	Reserve and the proposed Initial \$	Deposit and Annual Deposit to the Replacement Reserve	
Sanch Replacement Reserve Dublice	φυ		
	Formula Need	Proposed	
Initial Deposit to Repl. Reserve (IDRR)	\$0	\$0	
Annual Deposit to Repl. Reserve (ADRR)	\$0	\$0	
ection 5: Existing Debt			
Existing First Mortgage Loan:			
Origination Date			
Original Loan Amount			
Unpaid Principal Balance		as of 01/01/2012	
Interest Rate	per year	03 01 01/01/2012	
MIP / Other Credit Enhancement	per year		
Amortization Term	years		
Maturity Term	years		
Calculated Monthly P+I	\$0.00		
Monthly P+I			
Current Monthly MIP			
If FHA Insured, please provide the following	ing information:		
FHA Project Number	:		
iREMS ID Number:			
Will this loan be refinanced in conjunction w	ith the RAD Conversion?		
Existing Additional Loan:			
Origination Date			
Original Loan Amount			
Unpaid Principal Balance		as of	
Interest Rate	per year		
MIP / Other Credit Enhancement	per year		
Amortization Term	years	0.0 years	
Maturity Term	years	0.0 years	
Calculated Monthly P+I	\$0.00	0.0 years	
	ψυ.υυ		
Monthly P+I			
Current Monthly MIP			
Will this loan be refinanced in conjunction w	ith the RAD Conversion?		
······································	Conversion,		

ntal Assistance Demonstrat od Rehab Application for C	• •	·		Office of	Public Housin	HUD Form 5261 (DRA)	
ction 6: Pro Forma Post-RAD C	ction 6: Pro Forma Post-RAD Cash Flow						
ter three-year historical cash flow Fiscal Year End:		posed pro for	ma data	Post-RAD	Explanation		
Gross Potential Rents (Apartments)	\$0	\$0	\$0	\$0]		
Vacancy Loss (Apartments)	\$0	\$0	\$0	\$0	0.0%		
Bad Debt (Apartments)	\$0	\$0	\$0	\$0	0.0%		
Gross Potential Rents (Commercial)	\$0	\$0	\$0	\$0			
Vacancy Loss (Commercial)	\$0	\$0	\$0	\$0	0.0%		
Bad Debt (Commerical)	\$0	\$0	\$0	\$0	0.0%		
Late/NSF charges	\$0	\$0	\$0	\$0			
Damage Charges	\$0	\$0	\$0	\$0			
Laundry/Vending	\$0	\$0	\$0	\$0			
Concessions (Other)	\$0	\$0	\$0	\$0			
Interest Income	\$0	\$0	\$0	\$0			
Other Income	\$0	\$0	\$0	\$0			
Effective Gross Income	\$0	\$0	\$0	\$0			
Administrative Selaries and Evnences	\$0	\$0	\$0	\$0			
Administrative Salaries and Expenses Asset Management Fee	\$0	\$0	\$0	\$0			
Asset Management Fee Tenant Services	<u>\$0</u> \$0	\$0	\$0	\$0 \$0			
	<u>\$0</u> \$0	\$0	\$0	\$0			
Total Utilities (Owner Paid) Garbage and Trash Removal	<u>\$0</u> \$0	\$0	\$0	\$0			
Maintenance Salaries	<u>\$0</u> \$0	\$0	\$0	\$0			
Maintenance Salaries Protective Services	<u>\$0</u> \$0	\$0	\$0	\$0 \$0			
	<u> </u>	\$0	\$0	\$0			
Maintenance Supplies / Contract	\$0	\$0	\$0	\$0			
Other Operating & Maintenance							
Real Estate Taxes	\$0	\$0 \$0	\$0	\$0 \$0			
Property / Liability Insurance	\$0	\$0 \$0	\$0	\$0 \$0			
Other taxes and insurance	\$0	\$0	\$0	\$0			
Total Operating Expenses	\$0	\$0	\$0	\$0			
Replacement Reserve Deposit	\$0	\$0	\$0	\$0			
Net Operating Income	\$0	\$0	\$0	\$0			
Existing First Mortgage Debt Service							
Principal and Interest	\$0	\$0	\$0	\$0			
MIP / Other Credit Enhancement	\$0	\$0	\$0	\$0			
Existing Other Debt Service:	40	- 40	φ0	\$ 0			
Principal and Interest	\$0	\$0	\$0	\$0			
MIP / Other Credit Enhancement	\$0	\$0	\$0	\$0			
Historical Cash Flow	\$0	\$0) \$0				
Total Available For New Debt Service (1	NOI, less ongoi	ng debt service	payments)	\$0)		
ction 7: New First Mortgage Loa	n Sizing						
Are you proposing to take out a new firs	t mortgage loar	for this project	?				
Interest Rate % per Year		0.0	00%				
Mortgage Insurance Premium %							
Amortization Term							
Maturity Term							
Debt Service Coverage Ratio							
Maximum Supportable Mortgage Loar	1	9	50				
Proposed Mortgage Loan Amount							
		-					
Calculated Annual Debt Service		L 3	50	l			
Post Conversion Debt Service a Net Operating Income (from Section 6)	nd Cash Flo	w Summary	\$0				
			ч	1			
New First Mortgage Debt Service			\$0 \$0				
Ongoing Debt Service (from Section 1)							
Ongoing Debt Service (from Section 5)							

Rental Assistance Demonstration (RAD) Mod Rehab Application for Conversion

Section 8: Pro Forma Sources and Uses of Funds

Sources of Funds \$0 New First Mortgage Loan \$0 Existing Replacement Reserve Balance \$0 Existing Balance in Other Escrow Accounts \$0 Low Income Housing Tax Credit Equity Other #1 \$0 Other #2 \$0 Other #3 \$0 Other #4 \$0 Other #5 \$0 Other #6 \$0 Other #7 \$0 **Total Sources of Funds** \$0 **Uses of Funds Acquisition Costs** Building and Land Acquisition \$0 Payoff Existing Loans (from Section 5) \$0 Other Costs \$0 **Construction Costs** \$0 **Relocation** Costs \$0 **Professional Fees** Architecture & Engineering \$0 Physical Conditions Assessment \$0 Borrower's Legal Counsel \$0 Lender's Legal Counsel \$0 Feasibility Studies (LEAN Costs) \$0 **Environmental Reports** \$0 Appraisal / Market Study \$0 Accounting \$0 \$0 Survey Other Costs \$0 Loan Fees and Costs FHA MIP \$0 FHA Application Fee \$0 FHA Inpection Fee \$0 Financing Fee \$0 Organizational Costs \$0 Title Insurance/Exam Fee \$0 Recordation Fee \$0 Closing Escrow Agent Fee \$0 Prepayment Penalty/Premium \$0

Payables \$0 **Construction Interest** \$0 Construction Loan Fees \$0 Cost of Bond Issuance \$0 Other Costs \$0 Reserves Initial Deposit to Replacement Reserve \$0 Initial Operating Deficit Escrow \$0 **Operating Reserve** \$0 Tax and Insurance Escrow \$0 Other Costs \$0 **Developer Fee** Developer Fee \$0 ?

\$0

Total Development Cost

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Section 9: Projects Utilizing 9% Low Income Housing Tax Credits ('L	
You are not proposing to use 9% LIHTC. Skip this section Do you have a LIHTC reservation? Briefly discuss the application submission and approval timing that is provided under the you will submit an application, when you will be notified regarding selection, and when a Discussion of QAP timing	current QAP. Please provide sufficient detail that HUD can understand when
RAD requires that you demonstrate recent success, internally or through development tea	n partners, in obtaining 9% LIHTCs. Below, briefly discuss your capacity
and experience in obtaining 9% LIHTCs from the relevant State allocating agency.	
Demonstration of recent success obtaining 9% LIHTCs	
Do you have a letter from the credit-issuing authority as described in the R	AD Notice?
Provide evidence that the applicant diligently attempted to secure such a letter Efforts to secure letter from credit-issuing authority	
RAD requires that you attach a self-scored QAP application. Below, briefly discuss why score, is likely to receive a 9% LIHTC award. Likelihood of obtaining 9% LIHTCs	you believe that a QAP application for the subject project, at the indicated
Section 10: Ranking Factors	
1) Are you requesting the Ranking Factor for Choice-Mobility?	
a) Are you receiving choice-mobility vouchers?	
b) Are you providing choice-mobility vouchers?	
2) Are you requesting the Ranking Factor for Green Building and Energy	
	Enclency:
3) Do you want to designate this project as your PHA's priority project?	
By signing this application, the applicant certifies that the owner of which it is claiming priority project status. Below, if applicable li the owner or its affiliates of the subject project:	
Project Name Mod Rehab Contra	ct number
1) 2)	
3)	
4)	
5)	

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Section 11: Narratives	
Provide written responses in the grey highlighted rows below. Please limit ea	ch responses to 200 words.
Briefly describe the land, location / neighborhood, and physical plans for the project. Description	
Discuss any known environmental or building product risks such as lead based paint, asbesto (whether underground or above ground), along with associated remediation measures.	s, PCBs, flood zone status, aluminum wiring, and fuel storage tanks
Explanation	
Piscuss any needed accessibility modifications.	
Explanation	
Discuss any known market competitiveness isues, such as small unit sizes or limited on-site p	arbing and have the conversion plane to address these issues
Explanation	arking, and now the conversion plans to address these issues.
Discuss any proposed relocation plans for the project.	
Explanation	
2 Discuss the capacity of the development team to undertake the proposed conversion.	
Explanation	

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Section 12: Application Validation The attachments indicated 'Yes' below must be included in your ele be rejected.	ctronic application package. Incomplete application packages will
Yes Mod Rehab Contract, including Exhibits Yes Compiled comments received from residents and descrip No Choice-Mobility Letter Agreement	
No Financing Letter of Intent for each proposed loan, grant, No Letter from PHA agreeing to administer PBVs No 9% LIHTC Reservation Letter No Letter from credit-issuing authority	or equity contribution
No Self-Scored QAP Application for 9% LIHTCs	
Section 11: Certification	
misleading; (5) that the application meets all applicable eligibility r owner approves the creation of a single-asset entity of the affected selected for award, the owner will comply with the fair housing and and will affirmatively further fair housing; (8) that this Board Appr	at I acknowledge that I have read and understand PIH Notice 2012- ation (RAD) (the "Program"), and agree to comply with all ted in association with the application are accurate, complete and not equirements for the Program set forth in the Notice; (6) that the project, if required by the lender to facilitate financing; (7) that, if l civil rights requirements at 24 CFR 5.105(a) (general requirements) oval Form has been approved by the Board of Commissioners on the ill comply with all provisions of HUD's Commitment to Enter into a onditions for conversion of assistance, or will indicate to HUD
Warning: HUD will prosecute false claims and statements. Convict Sections 1001, 1010, 1012; 31 USC Sections 3729, 3802)	ion may result in criminal and/or civil penalties (18 USC
Ву ()	
Date: J Authorized Signature:	anuary 00, 1900

Attachment 2D - Financing Letter of Intent for Mod Rehab |

RAD Application for		
Units	0	
Average Bedroom Size	#DIV/0!	
Pro Forma Sources and Uses		
Sources of Funds	Amount	Per Unit
New First Mortgage Loan	\$0	\$0
Existing Replacement Reserve Balance	\$0	\$0
Existing Balance in Other Escrow Accounts	\$0	\$0
Low Income Housing Tax Credit Equity	\$0	\$0
Other #1	\$0	\$0
Other #2	\$0	\$0
Other #3	\$0	\$0
Other #4	\$0	\$0
Other #5	\$0	\$0
Other #6	\$0	\$0
Other #7	\$0	\$0
Total Sources of Funds	\$0	\$(
Uses of Funds	Amount	Per Unit
Acquisition Costs	\$0	\$0
Construction Costs	\$0	\$0
Relocation Costs	\$0	\$0
Professional Fees	\$0	\$(
Loan Fees and Costs	\$0	\$(
Reserves	\$0	\$0
Developer Fee	\$0	\$(
Total Uses of Funds	\$0	\$(

Stabilized Cash Flow Pro Forma		
	Total	PUPA
Gross Potential Rents (Apartments)	\$0	\$0
Gross Potential Rents (Other)	\$0	\$0
Gross Potential Rents (Commercial)	\$0	\$0
Vacancy Loss and Bad Debt Loss/Concessions	\$0	\$0
Other Income	\$0	\$0
Effective Gross Income	\$0	\$0
Total Operating Expenses	\$0	\$0
Annual Deposit to Replacement Reserve	\$0	\$0
Effective Gross Income	\$0	\$0
#DIV/0!	\$0	\$0
Operating Cash Flow	\$0	\$0

Owner's Explanation of the Proposed Total Operating Cost being less then 85% of the 3 Year Histor							
	0	0	(
3 Year Historical Average Comparison	\$0	\$0	\$				
		1	I				

PHA's Explanation of the Capital Needs and Replacement Reserves Estimates

Discussion of QAP timing

n

0

Demonstration of recent success obtaining 9% LIHTCs

Statement of Lender / Equity Provider:

The project appears feasible for ABC Mortgage Company to fund. Our general repayment term: ABC Mortgage Company understands and acknowledges the RAD program requirements and pc appropriate. This letter of intent is not a firm commitment. Final approval will be contingent on approvals.

State any exceptions

Authorized Signature:

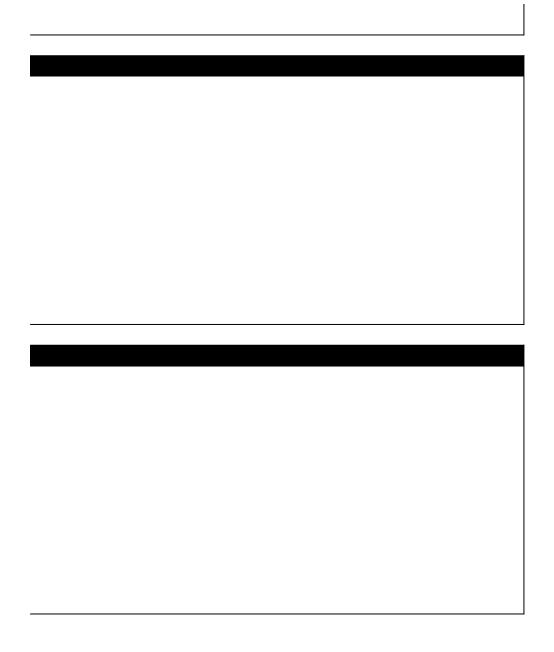
Projects

omment			

Comment			

Comment	

ical Operating Expenses			
)	Average	Proposed	
0	\$0	\$0	



s and any conditions are stated above and/or in the comment block below. plicies and agrees to cooperate with the applicable RAD processes, as the results of ABC Mortgage Company due diligence process and February 3, 2012

Date: February 03, 2012

Attachment 1D – Choice-Mobility Letter Agreement

Between (contributing vouchers)

And (receiving vouchers)

Regarding RAD Application for

- 1. Capitalized terms herein shall have the meaning given to them in Notice PIH-2012-32 (the "Notice") and in the Rental Assistance Demonstration ("RAD").
- 2. certifies that he or she is the of and that he or she has been authorized by to enter into this Choice-Mobility Letter Agreement regarding the RAD application submitted by ().
- 3. certifies that he or she is the of and that he or she has been authorized by to enter into this Choice-Mobility Letter Agreement regarding the RAD application submitted by ().
- 4. , through its duly authorized representative, commits that if the subject project converts assistance under RAD, will provide Section 8 Housing Choice Vouchers to the assisted residents of the subject project to achieve the choice-mobility objective described in PIH Notice 2012-32. agrees that this commitment is binding on without regard to whether any RAD application submitted by is selected for participation in RAD.
- 5. acknowledges that if the subject project's application for RAD conversion is incomplete, fails to meet threshold criteria, or is submitted outside of the Initial Application Period, will not earn any Ranking Factor. However, if such application is submitted during the Initial Application Period, is complete, and meets threshold criteria, then will earn a Ranking Factor regardless of whether such application is selected, or, once selected, is withdrawn or terminated.
- 6. acknowledges that if the subject project's application for RAD conversion is incomplete, fails to meet threshold criteria, or is submitted outside of the Initial Application Period, will not earn any Ranking Factor.

:By ()

Signature:

:By ()

December 30, 1899

Date:

Date: