

# Supplemental Application and Processing Form Housing For The Elderly/Disabled

See Instructions on pages 2 & 3

U.S. Department of Housing and Urban Development  
Office of Housing  
Federal Housing Commissioner

OMB Approval No. 2502-0029  
(exp. 7/31/2014)

Project Name _____				<input type="checkbox"/> Congregate <input type="checkbox"/> Mixed <input type="checkbox"/> Non-Congregate		Project Number _____	
<b>A. Non-Rent Congregate Living Space</b>		<b>Area Square Feet</b>		<b>E. Health Service</b>		<b>Annual Expense</b>	
1. Congregate Kitchen and Dining				1. Nursing Payroll		Sponsor                      HUD	
2. Lobbies				Number of Nurses _____			
3. Community Room				x salary \$ _____		\$ _____ \$ _____	
4. Hobby Shop				2. Equipment Expense:			
5. Infirmary or Health Facility				a. Repl. Res: 10% x			
6. Other				Equipment Cost \$ _____		\$ _____ \$ _____	
7. Other				b. Int. on Inv.: _____%			
8. Total Square Feet				Int. Rate x Cost \$ _____		\$ _____ \$ _____	
<b>B. Project Composition</b>				c. Maintenance and Repairs		\$ _____ \$ _____	
1. Number of Bedrooms	2. Total No. of Units	3. No. of Units With Kitchens	4. No. of Units with Kitchenettes	3. Medical Supplies		\$ _____ \$ _____	
0-Bedroom Units				4. Utilities		\$ _____ \$ _____	
1-Bedroom Units				5. Laundry Service		\$ _____ \$ _____	
2-Bedroom Units				6. Other (Specify)		\$ _____ \$ _____	
				7. Total Health Service		\$ _____ \$ _____	
				8a. No. of Beds In Infirmary _____			
				8b. No. of Persons Serviced _____			
				9. Proposed Charge per Mo. per Patient _____ per Person _____		\$ _____ \$ _____	
<b>C. Food Service</b>		<b>Annual Expense</b>		<b>F. Furniture in Units</b>		<b>Annual Expense</b>	
1. Payroll		Sponsor                      HUD		1. Furniture Exp. when Leased		Sponsor                      HUD	
Number of cooks _____				\$ _____		\$ _____	
x salary \$ _____		\$ _____		2. Furniture Exp. if Not Leased:			
Number of waitresses _____		\$ _____		a. Repl. Res: 10% x Furniture			
x salary \$ _____		\$ _____		Cost \$ _____		\$ _____ \$ _____	
Number of helpers _____		\$ _____		b. Int. on Inv: _____ % Int.			
x salary \$ _____		\$ _____		Rate x Cost \$ _____		\$ _____ \$ _____	
2. Food Cost		\$ _____		3. Total Furniture Expense		\$ _____ \$ _____	
3. Supplies		\$ _____		4. Number of Units Furnished _____		\$ _____ \$ _____	
4. Dining Room Furniture Exp.		\$ _____		5. Proposed charge per unit per month to cover furniture rent		\$ _____ \$ _____	
a. Repl. Res: 10% x Equip. Cost \$ _____		\$ _____					
b. Int: on Inv: _____%		\$ _____					
Int. Rate x Cost \$ _____		\$ _____					
c. Maintenance and Repairs		\$ _____					
5. Other (Specify)		\$ _____					
6. Other (Specify)		\$ _____					
7. Total Food Service Expense		\$ _____					
8. Average No. of Persons Serviced _____		\$ _____					
9. Proposed Charger per Person per Month		\$ _____					
10. No. of Meals per Person per Day _____		\$ _____					
<b>D. Maid Service</b>		<b>Annual Expense</b>		<b>G. Other Non-Shelter Services</b>		<b>Annual Expense</b>	
1. Payroll		Sponsor                      HUD		1. Program & Activities Payroll		Sponsor                      HUD	
Number of maids _____				\$ _____		\$ _____	
x salary \$ _____		\$ _____		2. Other (Specify)		\$ _____	
2. Supplies		\$ _____		3. Other (Specify)		\$ _____	
3. Other (Specify)		\$ _____		4. Chg. per Person (Unit) for Item 1		\$ _____	
4. Other (Specify)		\$ _____		4. Chg. per Person (Unit) for Item 2		\$ _____	
5. Total Maid Service		\$ _____		6. Chg. per Person (Unit) for Item 3		\$ _____	
6. Average Number of Units Using Service _____		\$ _____					
7. Proposed Charge per Unit per Month		\$ _____					
<b>H. Remarks &amp; Signatures</b>				<b>Official Use Only</b>			
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)							
The above estimates in "Sponsor" column for Sections C through G represent estimates of income and expense in non-shelter budg ets.							
Signed _____		Date (mm/dd/yyyy) _____		<input type="checkbox"/> Sponsor <input type="checkbox"/> Mortgagor <input type="checkbox"/> Borrower <input type="checkbox"/> Owner			
Valuation Processor _____		Date (mm/dd/yyyy) _____		Reviewer _____		Date (mm/dd/yyyy) _____	

**Public reporting burden** for this collection of information is estimated to average 8 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 is part of the basic application package for insured mortgages for construction of rental housing projects. This is a requirement under Section 207(b) of the National Housing Act (Public Law 479, 48 Stat. 1246, 12 U.S.C., 1701 et. seq.), authorizing the Secretary of HUD to insure mortgages. The information will be used by the Department to analyze specific information to determine the feasibility of a proposed multifamily project and mortgagor/contractor acceptability. The information is required to obtain benefits.

## General Instructions

Form HUD-92013E must accompany form HUD-92013, Application–Project Mortgage Insurance, for each project intended to provide housing for the elderly or the disabled.

Preparation of the forms HUD-92013 and HUD-92013E must separate the budget for shelter (and utilities included in the rent) from other budgets concerned with supplying services other than shelter, such as food service, main service, program and recreation service, rented furniture, and any other non-shelter services which may be planned. The non-shelter budgets concerned with supplying food, furniture, maid service, and other personal services are shown on the form HUD-92013E.

All non-shelter services and amenities offered with a charge to the tenant and as a condition of occupancy must be identified on this form. Special circumstances regarding items to be included in an amenity package such as additional charges for additional persons that cannot be readily shown on this form must be explained on an addendum sheet to the form HUD-92013E.

Form HUD-92013E must accompany all requests for feasibility analysis, conditional and firm commitments.

### Definitions

An elderly person is defined as one who is age 62 or over. A disabled person is one whose impairment (a) is expected to be of continued and indefinite duration; (b) substantially impedes his ability to live independently; and (c) is such that his ability to live independently could be improved by more suitable housing. (See appropriate program regulations for more detailed definitions.)

Congregate Housing is designed for persons, normally well and ambulatory, who prefer residential accommodations but need some assistance in day-to-day living. While not a nursing or medical facility, it offers services that protect residents and provide for their needs.

Congregate housing projects have a central dining room generally serving three meals a day, with emergency room service available. There are common areas for lounges, recreation, special activities; limited housekeeping and laundry services may be provided. Some projects have an infirmary with personnel qualified to control and administer medications.

### Instructions

Projects having congregate dining facilities with only kitchenettes in the living units, are checked in the box marked "Congregate." Projects having no congregate dining facilities, but having full sized kitchens in the living units are checked in the box marked "Non-Congregate." Projects having congregate dining facilities and having some living units with complete sized kitchens, are checked in the box marked, "Mixed."

#### Section A. Non-Rent Congregate Living Space Areas

Enter the net area, in square feet, for various kinds of non-rent congregate living space shown, such as, congregate kitchen and dining, lobbies, community rooms, hobby shop, infirmaries, or other non-rented common buildings area. When plans are available, these net areas should be calculated from the plans. Congregate dining facilities should be large enough to serve the probable total number of diners within a single meal period, but not necessarily at a single

sitting. The number of diners shall be estimated to include all of the occupants of the units having kitchenettes only, plus a reasonable portion of the occupants of units with full kitchens.

#### Section B. Project Composition

For each number of bedrooms enter in Column 2 the total number of units. In Column 3, enter the number of units with complete kitchens. In Column 4, enter the number of units with kitchenettes only.

#### Non-Shelter Income and Expense Budgets.

Sections C through G contain budgets of income and expense for furnishing various non-shelter services. The sponsor enters his estimates of items of income and expense for each budget in the column headed "Sponsor," thus using form HUD-92013E as a supplemental application form. Subsequently, copies of the same form will be used as a processing form, with HUD personnel entering estimates in the Column headed, "HUD."

#### Section C. Food Service: Annual Expenses.

**Line C-1**— Estimate the number of cooks times the average annual salary. The number of waitresses, and other employees needed to operate the dining room are also estimated to arrive at payroll, including payroll tax. When the food service operation is large or complex, a detailed explanation of kinds of staff, numbers of employees, rates of pay, payroll tax, and total payroll for food service, should be shown in an attachment. The annual food cost and cost of supplies is also entered.

**Line C-4a**—Dining room furniture expense includes an annual reserve for replacement of dining room furniture and equipment. Estimate the replacement reserve by multiplying furniture cost by 10%.

**Line C-4b**—Return on investment in dining room furniture and equipment is estimated by multiplying the furniture cost by the market interest rate for similar investments.

**Line C-4c**—Enter the estimated annual allowance for maintenance and repairs to the furniture.

**Line C-7**—Show the total annual food service expense.

**Line C-8**—Estimate the probable number of tenants customarily using the congregate dining facility.

**Line C-9**—Enter the proposed charge per person per month for food service. This charge should be sufficient to provide an annual income at least 3% more than the total food service expense estimated in Line C-7. If a food service concessionaire is contemplated, the proposed terms of the concession shall be completely explained in an attachment.

**Line C-10**—Enter the number of meals per person per day covered by the proposed food service charge.

#### Section D. Maid Service: Annual Expense.

**Line D-1**—Enter the number of mains multiplied by the average annual salary to result in annual payroll.

**Line D-2**—Enter the annual expense for cleaning supplies.

**Line D-3 and 4**—If clean sheets are to be provided as part of this service, the word "Laundry" is entered after "other" followed by the annual amount of this expense. Enter other expenses of supplying maid service.

**Line D-5**—Enter the sum of Lines D-1 through D-4. This represents total maid service expense.

**Line D-6**—Enter the estimated number of units using this service.

**Line D-7**—Enter the proposed charge per unit to cover this service.

#### Section E. Health Service: Annual Expense.

**Line E-1**—Enter the anticipated number of nurses needed times the average salary including payroll tax. If the health service operation is large or complex, the sponsor should submit a more detailed estimate of health service payroll in an attachment.

**Line E-2**—Equipment expenses includes an annual reserve for replacement of beds and other furniture and equipment in the infirmary.

**Line E-2**— Estimate the replacement reserve by multiplying equipment cost by 10%.

**Line E-2b**—Return on investment in equipment is estimated by multiplying the furniture cost by the market interest rate for similar investments.

**Line E-2c**—Enter the estimated annual allowance for maintenance and repairs to the equipment.

**Line E-3, 4, 5, and 6**—Enter the annual amounts to be expended for medical supplies, utilities, laundry or linen service, and other expenses of the health service facility.

**Line E**—Enter the sum of lines E-1 through E-6. This represents total health service expense.

**Line E-8**— Enter the number of beds in the infirmary.

**Line E-8**—Enter the average number of patients in the infirmary.

**Line E-9**—Enter the proposed charge per patient or per person. Indicate method of payment.

#### Section F. Furniture in Living Units.

**Line F-1**—Indicate the amount of total annual payments to the leasing company when furniture for some or all of the living units is obtained by the mortgagor by leasing it.

**Line F-2a**—The renting of furniture by tenant must be optional and not a condition of occupancy. For those units in which the project owns the furniture, furniture expense includes an annual reserve for replacement of living unit furniture. Estimate the replacement reserve by multiplying furniture cost by 10%.

**Line F-2b**—Return on investment in furniture is estimated by multiplying furniture cost by the market interest rate for similar investments.

**Line F-2**—Enter the estimated annual allowance for maintenance and repairs to the furniture.

**Line F-3**—Enter the Total Furniture Expense.

**Line F-4**—Indicate the number of units furnished by the mortgagor.

**Line F-5**—Enter the proposed charge per unit per month to cover the furniture expense.

#### Section G. Other Non-Shelter Services

**Line G-1**—Enter the salaries of persons employed to furnish guidance and recreation during the leisure time of the resident's occupancy in the project.

**Lines G-2 and G-3**—Enter the amounts covering any other service or facility included in the proposal that would contribute to the health, comfort and recreation of elderly persons, and specify.

**Lines G-4, 5 and 6**—Enter the charges per person or unit for the respective service of facility.

#### Section H. Remarks and Signatures

Self Explanatory.