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### APPLICATION PACKET: PART 2: PROPERTY PROFILE

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### POLICY GUIDELINES

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BHA Administrative Plan,  
Chapter 17

[www.bremertonhousing.org](http://www.bremertonhousing.org)

[Housing/Section 8 Housing/Administrative Plan](#)

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24 CFR Part 983 PBV Program;  
Final Rule

[http://www.access.gpo.gov/nara/cfr/waisidx\\_05/24cfr983\\_05.html](http://www.access.gpo.gov/nara/cfr/waisidx_05/24cfr983_05.html)

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### Omission of any of the aforementioned requirements will render the Application Packet non-responsive.

- ➔ Application Packets must be legibly typed; documents generated by BHA for the Application Packets are fill-able to assist with this requirement.
- ➔ Application Packets must be complete and consistent with PBV program regulations and statutory requirements. All information and documentation must be provided with the original submission of the Application Packet. Incomplete Application Packets or Packets that are inconsistent with program regulations will not be considered for PBV assistance.
- ➔ Sign documents with **BLUE** pen.

**PROJECT INFORMATION: PROPERTY PROFILE**

1. Project Name: \_\_\_\_\_

2. Project Address: \_\_\_\_\_  
 Street Address

\_\_\_\_\_ City State Zip Code \_\_\_\_\_

3. Assessor's Parcel #(s): a) \_\_\_\_\_  
 b) \_\_\_\_\_  
 c) \_\_\_\_\_  
 d) \_\_\_\_\_

4. Type of Project:  Existing Housing  New Construction  Rehabilitated Housing  
 Elderly Housing  Disabled Housing

5. Census Tract #: \_\_\_\_\_

6. What is the poverty rate of families in the census tract? \_\_\_\_\_ %

7. (To find, use [www.factfinder.census.gov](http://www.factfinder.census.gov); input the address under address search, select "GO"; select census tract and click "GO"; scroll down to find and select "Profile of Selected Economic Characteristics"; Go to "Poverty Status (below poverty level)" for "Families")

8. Building Type:  
 apartments  duplex  other, specify type: \_\_\_\_\_

9. Number of units with bedroom size requested in this application:

Total Number of Units Requested:	
# Bedrooms	Unit Breakdown
1	
2	
3	
4 or more	
Total	

10. Population Served:  
 elderly/disabled  family  other, specify type: \_\_\_\_\_

11. Number of units to be restricted to low income occupancy:  
 (See Income Limits provided in application packet). \_\_\_\_\_

12. Number of units to be restricted to very low-income occupancy:  
 (See Income Limits provided in application packet). \_\_\_\_\_

13. How many people occupy the property on the date of the submission of the application? \_\_\_\_\_

- Existing and Rehabilitation only, number of requested PBV units that are
14. currently occupied by very low income tenants: \_\_\_\_\_
15. Will off-site relocation of current occupants be required?  
 (Refers to occupants as of date of submission of application)  Yes  No
16. Estimated start date of rehabilitation or new construction? \_\_\_\_\_
17. Estimated completion date of rehabilitation or new construction? \_\_\_\_\_
18. Proposed Project-Based Contract Term (maximum 10 years): \_\_\_\_\_ years: \_\_\_\_\_
19. Describe the following resources found in the area of the project and the exact (table below) distance of each from the project, if applicable.

Resources	Brief Description & Proximity to Site
Public Transit	
Public Schools	
Parks and Recreational Facilities	
Job Center	
Shopping	
Health/ Medical Services	

20. List the utilities/services and indicate which are provided by owner and included in the rent:

Utilities/Services				
Heating	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Other_____	<input type="checkbox"/> Provided by owner
Cooking	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Other_____	<input type="checkbox"/> Provided by owner
Other Electric	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Other_____	<input type="checkbox"/> Provided by owner
Water Heating	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Other_____	<input type="checkbox"/> Provided by owner
Water				<input type="checkbox"/> Provided by owner
Sewer				<input type="checkbox"/> Provided by owner
Trash Collection				<input type="checkbox"/> Provided by owner

- a. For those utilities/services which are not included in the rent, estimate the average monthly cost for each unit type for the first year of occupancy:

Utilities/Services	1 bedroom	2 bedroom	3 bedroom	4 bedroom	5 bedroom
<input type="checkbox"/> Heating	\$	\$	\$	\$	\$
<input type="checkbox"/> Cooking	\$	\$	\$	\$	\$
<input type="checkbox"/> Other Electric	\$	\$	\$	\$	\$

<input type="checkbox"/> Water Heating	\$	\$	\$	\$	\$
<input type="checkbox"/> Water	\$	\$	\$	\$	\$
<input type="checkbox"/> Sewer	\$	\$	\$	\$	\$
<input type="checkbox"/> Trash Collection	\$	\$	\$	\$	\$

b. List every building and unit in the project. Use the chart below or create a chart that presents the same information.

Building #	Unit #	Square Footage	# of Bedrooms	# of Bathrooms	Handicapped Accessible Y/N	Currently Occupied Y/N	Tenant Eligible for Project Based	To be Project-Based Y/N	Proposed Rent if Project-Based
TOTALS ↓									

*(Add additional pages if necessary)*

**Verification Statement:** The undersigned proposer hereby states that by completing and submitting this form he/she is verifying that all information provided herein is, to the best of his/her knowledge, true and accurate, and agrees if BHA discovers any information entered herein is false, that shall entitle BHA and/or HUD to not consider or make an award or to cancel any award with the undersigned party.

Signature / / Date (mm/dd/yr) Company

Printed Name Title

# PROPERTY INFORMATION

**UNDER THIS COVER, PROVIDE ANY:**

- ① **ADDITIONAL SHEETS**
- ② **PICTURES**
- ③ **PROPERTY INFORMATION, ETC.**