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APPLICATION PACKET: PART 2: PROPERTY PROFILE

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POLICY GUIDELINES

BHA Administrative Plan, Chapter 17	www.bremertonhousing.org Housing/Section 8 Housing/Administrative Plan
24 CFR Part 983 PBV Program; Final Rule	https://www.ecfr.gov/current/title-24/subtitle-B/chapter-IX/part-983

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; 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.**