

AHCCCS SMI Housing Trust Fund Application for Acquisition and/or Renovation or New Construction

Exhibit A of the AHCCCS Housing Program Guidebook

TYPE OF APPLICATION

Check One	Indicate the type of project Applicant is applying for.
<input type="checkbox"/>	Acquisition of existing housing (no renovation necessary)
<input type="checkbox"/>	Acquisition of existing housing with renovation
<input type="checkbox"/>	Renovation of existing housing (acquisition funding not requested)
<input type="checkbox"/>	New construction, may include site-specific pre-development loan

SUBMITTING THE APPLICATION

Submit one full electronic copy via email to ProviderHousing@azahcccs.gov and ensure all attachments and appendices are clearly numbered and tabbed.

GENERAL APPLICANT AND PROJECT INFORMATION

Applicant must complete all sections of this application including all requested financial information or documentation for AHCCCS consideration of the project. If a field in this application is not adequate for explanation, attach an addendum for clarification. Contact AHCCCS with any questions or for clarification of any application content. If the project is approved and receives funding, information included in this Application will become Exhibit A as referenced in the contract and be considered the scope of work. To this end, AHCCCS may request supplemental information or an amendment to the Application. These terms and supplemental information will become the requirements of the contract and will be included in the award letter.

Complete each section below and use N/A where information does not apply.

Section 1: Applicant Information	
Project Name:	
Agency Name:	
Agency Website:	
Agency Address:	
Agency Email:	
Agency Telephone:	
Contact Name:	
Contact Title:	
Contact Email:	
Type of Entity: (Check One or More)	<input type="checkbox"/> Corporation <input type="checkbox"/> Ltd. Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other (explain):

Section 2: Housing Provider (If Different than Applicant)	
Project Name:	

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Agency Name:	
Agency Website:	
Agency Address:	
Agency Email:	
Agency Telephone:	
Contact Name:	
Contact Title:	
Contact Email:	
Type of Entity: (Check One or More)	<input type="checkbox"/> Corporation <input type="checkbox"/> Ltd. Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other (explain):

Section 3: Housing Manager (If Different than Applicant)

Project Name:	
Agency Name:	
Agency Website:	
Agency Address:	
Agency Email:	
Agency Telephone:	
Contact Name:	
Contact Title:	
Contact Email:	
Type of Entity: (Check One or More)	<input type="checkbox"/> Corporation <input type="checkbox"/> Ltd. Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other (explain):

Has the housing provider ever been sanctioned for Housing Quality Standard (HQs) violations?

<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, explain:

Section 4: Developer/Owner (If Different than Applicant)

Project Name:	
Agency Name:	
Agency Website:	
Agency Address:	
Agency Email:	
Agency Telephone:	
Contact Name:	
Contact Title:	
Contact Email:	
Type of Entity:	<input type="checkbox"/> Corporation

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(Check One or More)	<input type="checkbox"/> Ltd. Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other (explain):
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**Section 5:
Project Location**

Project Name:	
County Served:	
Address of Property:	
Parcel Number(s):	
Include a map indicating the project location. Include a photo of the property.	
Map Included:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Photo(s) Included: (Include all relevant photos including the address number, front, and back of dwelling as appropriate)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section 6:
Type of Activity and Project**

Activity	Total Units	Project Type	Total Units
Acquisition Only:		Apartments:	
Acquisition & Renovation:		Condominiums/Townhome:	
New Construction:		Single Family Home:	
Renovation Only:		Duplex/Triplex:	
Pre-Development Loan:		Other:	
Housing Intervention Type:	<input type="checkbox"/> Site-based Subsidy <input type="checkbox"/> Project-based Voucher <input type="checkbox"/> Community Living Program (CLP)		
If CLP, describe your service delivery model: (e.g., hours, staff support, provider selection)			
Estimated Project Start Date:			
Estimated Project Completion Date:			
Estimated Total Construction Time: (in months)			

**Section 7:
Number of SMI Housing Trust Fund Units**

Note: A Unit = One residency or dwelling per member (e.g., one bedroom for one member, one apartment for one member)

a.	Total project cost:	
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b.	Total AHCCCS SMI Housing Trust Fund amount requested:		[In this space include the total # of subsidies requested multiplied by Fair Market Rent.]
c.	Total number of units in project:		
d.	Total number of SMI Housing Trust Fund units in the project:		
e.	Total number of external subsidies provided to SMI Housing Trust Fund Units:		
f.	Total number of AHCCCS Housing Program subsidies for SMI Housing Trust Fund units requested (if any):		
g.	Average per unit investment for all units: (Divide a. Total project cost by c. Total number of units. Round up any fraction to the next whole number.)		
h.	Average AHCCCS SMI Housing Trust Fund Request per unit: (Divide b. Total AHCCCS cost by d. Total number of SMI Trust designated units)		

**Section 8:
Period of Use Requirement Table**

Period of Use - Use of all AHCCCS units shall be restricted through Covenants, Conditions & Restrictions (CC&R). The number of years of extended use covered by the CC&Rs depends on the type and amount of AHCCCS funding. See the table below for relevant time periods. The CC&R's shall be filed with the local county recorder's office within 30 days of the certificate of occupancy being issued, shall reflect that date as the beginning of the CC&R's, and shall exist in perpetuity for the time period described in this section.

Activity	State Investment Per Unit*	Minimum Period of Covenants, Conditions and Restrictions (CC&Rs)
Renovation only	Between \$10,000 - \$40,000	Ten (10) years (new or extended)
	More than \$40,000	Fifteen (15) years (new or extended)
Acquisition, Acquisition and Renovation, New Construction	Dollar amounts under \$2,000,000	Twenty (20) year minimum, longer as required if necessary to align with supplemental funding source(s) or at the direction of the SMI Housing Trust Fund Manager.
Any Type of Investment	Dollar amounts of \$2,000,000 or greater	Twenty Five (25) years
Total CC&R extended use period:		

**Section 9:
Service Population Income Level**

Income Level	Total Units	SMI Units
At or below 30% of median income:		
At or below 50% of median income:		
At or below 60% of median income:		
Greater than 60% of median income:		
Other (specify):		

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**Section 10:
Responsible Parties**

Indicate the responsible parties for each identified role below. Add rows if necessary.

Project Manager

Name:	
Company:	
Telephone Number:	
Email:	
Project Duties:	

**Project Coordinator for Day-to-Day Operations
(If Different than Project Manager)**

Name:	
Company:	
Telephone Number:	
Email:	
Project Duties:	

Fiscal Manager

Name:	
Company:	
Telephone Number:	
Email:	
Project Duties:	

**Project Architect
(List N/A if Acquisition Only)**

Name:	
Company:	
Telephone Number:	
Email:	
Project Duties:	

**Construction Contractor/Builder
(List N/A if Acquisition Only)**

Name:	
Company:	
Telephone Number:	
Email:	
Project Duties:	

Consultant

Name:	
Company:	
Telephone Number:	
Email:	
Project Duties:	

Property Manager

Name:	
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Company:	
Telephone Number:	
Email:	
Project Duties:	

Service Provider

Name:	
Company:	
Telephone Number:	
Email:	
Project Duties:	

Other Responsible Party

Name:	
Company:	
Telephone Number:	
Email:	
Project Duties:	

**Section 11:
Project Information**

Complete the information below for each site included as part of this application.

Site Acquisition (If already owned, denote below then proceed to next section)

This Site Was/Will Be Acquired by Applicant from:	<input type="checkbox"/> Already Owned <input type="checkbox"/> Related Party <input type="checkbox"/> Unrelated Party
Name of Seller:	
Address:	
Telephone Number:	
Total Cost of Site:	
Date of Acquisition:	
Does the site include more acreage than what will be used for the project proposed in this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:	

**Type of Site Control
(Check One and Attach Document)**

Check One	Type	Expiration Date (mm/dd/yyyy)
<input type="checkbox"/>	Deed	
<input type="checkbox"/>	Purchase Contract	
<input type="checkbox"/>	Option	
<input type="checkbox"/>	Long Term Lease (25 or more years)	

Site Valuation

Attach a copy of the Appraisal (property acquisition/new construction) or Broker's Price Opinion (BPO) for rehabilitation and check one below.

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<input type="checkbox"/> Appraisal Attached <input type="checkbox"/> Estimate of Value Attached (BPO)	
Has the Fair Market Value of the property been established?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, on what date?	
How was the fair market value established?	
If by appraisal, what was the date of the appraisal?	
What is the estimated value after improvement?	

Zoning, Utilities, and Approvals

Attach evidence of zoning approvals and utility availability for new construction projects or those involving a change in use. For projects involving new construction or renovation, also include a site plan, approval notices, and copies of building permits, if available.

Is the site properly zoned for the proposed development?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, what is the date the zoning issue will be resolved?		
Are all utilities presently available to the site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, which utilities must be brought to site?		
Who has responsibility for bringing utilities to site?		
Has the local government approved the site plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the local government issued a building permit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are the plans and specifications complete?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, what percentage are the plans and specifications complete?		
Is the property located within an HOA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, are there any prohibitions against the project's intended use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Environmental Issues

Has there been an evaluation of asbestos hazards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If no, why?		
Has there been an evaluation of lead-based paint hazards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, why?		
Is the building in a historic district?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the building a designated historic building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the project eligible for Historic Tax Credit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, attach a break down of the determination with the basis for the eligible Historic Tax Credit.		
Is the project located within a federally designated "Superfund" site as defined by the EPA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe mitigation efforts.		

**Section: 12
Construction/Renovation Cost Estimate**

Attach a third-party line-item cost estimate. Renovation cost estimates must include a description and cost estimate of exterior renovation and a description and cost estimate, by unit, of the necessary interior renovation.

**The attached cost estimate is based on:
Check all that apply.**

<input type="checkbox"/>	Contractor review of actual drawings
<input type="checkbox"/>	Architect review of actual drawings
<input type="checkbox"/>	Architect building inspection
<input type="checkbox"/>	Contractor building inspection
<input type="checkbox"/>	Other (specify):

Name of Person Providing Cost Estimate:	
Company:	
Address:	
Telephone Number:	
Email:	

**Section 13:
Sources of Financing**

Complete the table below using the following instructions.
COLUMN A. Indicate the name of the funding source and agency.
COLUMN B. Indicate the amount of funds that are committed to the project. Committed funds are funds that are not

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contingent upon receipt of AHCCCS or other funds and for which the Applicant has a letter of commitment. Attach letters of commitment to Tab G.

COLUMN C. Indicate the amount of funds that are tentatively committed to the project. Tentatively committed funds are funds that are contingent upon receipt of AHCCCS or other funding, or funds that applicant has applied for but have not yet been awarded.

COLUMN D. Indicate the date the Applicant applied for tentative funding.

COLUMN E. Indicate the date applicant expects to receive award/denial of tentative funding. All tentative financing must be committed within 90 days of submission of this application.

**Sources Available Before the Project is in Operation
(If Applicable)**

A	B	C	D	E
Source	Committed	Tentative	Date Applied	Date Expected
AHCCCS				
SMI Housing Trust Fund				
Subtotal:				
Total Fund Sources: Column B + C				

Note: Total construction sources above must equal total permanent sources below and must also equal total project development costs.

Permanent Sources Available After the Project is in Operation

A	B	C	D	E
Source	Committed	Tentative	Date Applied	Date Expected
AHCCCS				
SMI Housing Trust Fund				
Subtotal:				
Total Fund Sources: (Column B + C)				

**Section 14:
Budget Sources Contact Information**

Complete the section below for all sources of financing other than AHCCCS or the SMI Housing Trust Fund listed on the previous pages.

Source One

Source of Funds:	
Contact Person:	
Company:	
Address:	
Telephone Number:	
Email:	

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Source Two	
Source of Funds:	
Contact Person:	
Company:	
Address:	
Telephone Number:	
Email:	
Source Three	
Source of Funds:	
Contact Person:	
Company:	
Address:	
Telephone Number:	
Email:	
Source Four	
Source of Funds:	
Contact Person:	
Company:	
Address:	
Telephone Number:	
Email:	

Section 15: Uses of Financing and Project Budget					
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Complete the table below using the following instructions.

COLUMN A. If a specific use of funds is not listed, indicate the type of use in the "Other" box.

COLUMN B. Indicate the amount of AHCCCS funds to be expended for the specified use.

COLUMN C. Indicate the amount of SMI Housing Trust Funds to be expended for the specified use.

COLUMN D. Indicate other source amounts for the specified use.

COLUMN E. Indicate the total number of columns B, C, and D for the specified use.

COLUMN F. Indicate the source of other funds from Column D for the specified use.

A	B	C	D	E	F
Activity	AHCCCS	SMI Housing Trust Fund	Other Sources	Total All Sources	Source
Acquisition					
Land:					
Existing Structures:					
Closing Costs:					
Other:					
Site Improvements					
Off-site:					
On-site:					
Landscaping:					
Demolition:					
Renovation:					
New Construction:					
Contingency:					

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Builder's Profit:				
Builder's Overhead:				
Permits/Fees Not Paid by Builder:				
Other:				
Professional Fees				
Architectural Design:				
Architect Supervision:				
Engineering Fees:				
Accounting Fees:				
Legal Fees:				
Soils Report:				
Environmental Review:				
Other:				
Construction Loan Costs				
Loan Origination Fee:				
Construction Interest:				
Construction Insurance:				
Credit Enhancement:				
Const Period Taxes:				
Credit Report:				
Other:				
Related Costs				
Title Insurance:				
Consultants:				
Developer's Fee:				
Developer Overhead:				
Appraisal:				
Building Permit Fees Paid by Builder:				
Market Study:				
Project Audit:				
Operating Reserve:				
Replacement Reserve:				
Other:				
Relocation Costs				
Temporary Relocation:				
Permanent Relocation:				
Permanent Loan Costs				
Origination Fee:				
Credit Enhancement:				
Title and Recording:				
Other:				
Other Costs				
Furnishings:				

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Rental Office Furnishings & Equipment:				
Other:				
Totals:				

Section 16: Project Occupancy Information - Attach a narrative description if currently occupied	
Are the buildings currently occupied?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, indicate the type of occupancy:	<input type="checkbox"/> Persons <input type="checkbox"/> Business <input type="checkbox"/> Other
If other, specify:	
Number of Vacant Units:	
Number of Occupied Units:	

Section 17: Relocation Information		
Will this project involve permanent relocation of tenants, businesses, or other organizations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will this project involve temporary relocation of tenants, businesses, or other organizations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If this application requires member relocation, either temporary or permanent, attach a relocation plan including the activities and estimated costs.		

Section 18: Monthly Utility Allowances
Attach Form HUD-52667 for Utility Allowance schedule – Link: https://www.hud.gov/sites/dfiles/OCHCO/documents/52667.pdf

Section 19: AHCCCS SMI Housing Trust Fund Rent Limits						
Note: AHCCCS rents may not exceed the lesser of the Fair Market Rent or the rent limit established for the proposed income limit, by bedroom size, as appropriate in each GSA.. Using the following chart: https://housing.az.gov/sites/default/files/documents/files/2023-SHF-Rent-Limits-eff_6-15-2023.pdf include the Applicant’s estimate of that rental income in this chart, in lieu of specific per unit rental rates based on . This information is for guidance and may be lower.						
	Studio	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom	5 Bedroom
Fair Market Rent						
Member Responsibility: Low Home Rent Limit						
Member Responsibility:						



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High Home Rent Limit						
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Section 20: Monthly Income from All Units	
Total Monthly Rental Income from AHCCCS Units:	
Total Monthly Rental Income from Other Units:	
Other Monthly Income (e.g., laundry): List Sources:	
Less Vacancy Allowance:	%
Total Monthly Income: (1+2+3-4)	

Section 21: Monthly/Annual Cash Flow Projection/Operation Pro Forma – Year 1		
Income		
All Income	Monthly	Annually
1. Total Income from All Sources from Section 18:		
Expenses		
Administrative	Monthly	Annually
2. Administration:		
3. Site Manager:		
4. Legal/Accounting/Audit:		
5. Affirmative Marketing:		
6. Office Supplies:		
7. Other (specify):		
8. Total Administrative Expenses: (Sum of 2+3+4+5+6+7)		
Operating	Monthly	Annually
9. Owner-paid Utilities:		
10. Insurance:		
11. Trash Removal:		
12. Pest Control:		
13. Communal Area Maintenance		
14. Other (specify):		
15. Total Operating Expenses: (Sum of 9+10+11+12)		
Maintenance	Monthly	Annually
16. Interior Maintenance/Repairs		
17. Exterior Maintenance/Repairs		
18. Total Maintenance Expenses (Sum of 14+15)		
Taxes and Reserves	Monthly	Annually
19. Real Estate Taxes		
20. Operating Reserve		
21. Replacement Reserve		
22. Other (specify):		
23. Other (specify):		

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24.	Other (specify):		
25.	Total Annual Expenses: (Sum of 8+13+16+17+18+19+20+21+22)		
26.	Net Income After Expenses: (1-23)		
Annual Debt Service		Monthly	Annually
27.	First Mortgage:		
28.	Second Mortgage:		
29.	Other Debt/Distributions (specify):		
30.	Total Debt Service: (Sum of 20+26+27)		
31.	Net Income: (24-28)		

Section 22: Cash Flow Projection/Operating Pro Forma					
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Complete for a period of at least twenty-five years or longer if other financing sources require an extended period of service or affordability. Annual Percentage Increase in Expenses: 3%

Annual Operating Pro Forma					
	Year 1	Year 2	Year 3	Year 4	Year 5
Income:					
Less Vacancy:					
Effective Gross Income:					
Expenses:					
Cash Flow:					
	Year 6	Year 7	Year 8	Year 9	Year 10
Income:					
Less Vacancy:					
Effective Gross Income:					
Expenses:					
Cash Flow:					
	Year 11	Year 12	Year 13	Year 14	Year 15
Income:					
Less Vacancy:					
Effective Gross Income:					
Expenses:					
Cash Flow:					
	Year 16	Year 17	Year 18	Year 19	Year 20
Income:					
Less Vacancy:					
Effective Gross Income:					
Expenses:					
Cash Flow:					

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Annual Operating Pro Forma					
	Year 21	Year 22	Year 23	Year 24	Year 25
Income:					
Less Vacancy:					
Effective Gross Income:					
Expenses:					
Cash Flow:					
List the CC&R Extended Use Period, as Applicable:					
Over the course of that period the Applicant will receive this amount of money for positive cash flow:					
These funds will be placed in Operating and Replacement Reserve accounts to cover future cost provision related to operating and replacement costs.					

Section 23: Housing Provider and/or Developer Partners
<p>In the space below, describe the methodology for soliciting housing partners, including the advertising or other form of solicitation, criteria for selection and status of any contract(s). If the housing provider will utilize a private sector developer, describe how the project site, number of units that will be occupied by members, purchase price and cost estimates, development and completion schedule and ongoing operating procedures were developed.</p> <p>Describe who (housing provider, developer/owner) will be responsible for site selection, project financing, acquisition, rehabilitation, construction activities, lease-up, maintenance, and ongoing operations.</p> <p>AHCCCS assistance to mixed-population projects: If the housing units to be funded by AHCCCS are part of a larger project to be developed by a housing provider and/or developer, describe any unique or special services that will be provided in conjunction with the housing for members with a seriously mentally illness diagnosis. Describe the relationship of the property manager to the property owner throughout project operations.</p> <p>Provide a description of the housing provider and/or developer experience and ability to implement and manage special needs housing assistance programs and/or related activities.</p> <p>Description:</p>

Section 24: Project Description
<p>Explain the Applicant's rationale for selecting the type of project: acquisition, renovation, new construction. Consider the availability, cost and condition of existing housing units v. new construction and the impact of each on the community as a whole.</p> <p>Briefly describe the proposed project operations. Give enough detail to clearly illustrate all activities associated with the proposed project. When describing ongoing operations consider:</p> <ul style="list-style-type: none"> ● Selection of tenants, intake, waiting list, and eviction procedures ● Lease and associated service agreement terms and conditions ● Service providers and the type and level of service that will be provided either on-site (at the housing) or in

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conjunction with the housing

- Unit inspection schedule and procedures
- Amount of rent that each tenant will be charged
- Will there be laundry facilities on site? Explain.
- Identify the frequency of pest control and the party responsible for ensuring it's implementation.
- Identify the party responsible for common area upkeep, landscape maintenance, and sanitation once the project is occupied. Note: this description is required for both shared housing and non-shared housing style models.

Description:

**Section 25:
Project Site**

Describe in detail any discussions that have taken place with local government officials and/or community residents regarding how the site was chosen for the proposed project. Indicate whether the unit of local government is aware of the project application and its intended use.

Description:

**Section 26:
Organizational Chart**

Insert or attach an organizational chart showing the staffing and lines of authority for this project. The organizational chart must reflect the relationships of key personnel identified in the program management section of this application.

**Section 27:
Title Report**

Attach a copy of the preliminary title report prepared by the title company handling the escrow/purchase of the property. Also describe any address change that may occur through the course of the development and, if possible, identify the anticipated new property address, parcel, or lot as appropriate.

**Section 28:
Applicant Affidavit, Release, and Certification Form**

The undersigned Applicant hereby applies to the Arizona Health Care Cost Containment System (AHCCCS), for a commitment of AHCCCS resources or SMI Housing Trust Funds. The undersigned is responsible for ensuring that it meets all applicable State and Federal requirements in the acquisition, rehabilitation or construction and subsequent operation of the project to receive a commitment of AHCCCS resources or SMI Housing Trust Funds. The applicant represents and

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certifies that the application has not requested any more AHCCCS resources or SMI Housing Trust Funds than are necessary to provide affordable housing. In planning this project, the applicant certifies that it has provided for and will continue to encourage the participation of persons with an SMI designation for the duration of the CC&R period.

The Applicant understands that AHCCCS will determine the eligibility of the project based, at least in part, on the figures submitted with the application by the Applicant and the readiness of the project to proceed, as presented in the application. The applicant is responsible for the accuracy of these figures. Misrepresentations, mistakes, or omissions may be the basis for the cancellation of an award. Applicants with awards from this program will see a language change to reflect their status as a Housing Contractor in future documentation. This change in language will not relieve, absolve, or otherwise materially impact the responsibilities of the applicant post award.

The Applicant agrees to work with the designated Housing Administrator for the duration of the CC&R period. The Applicant further attests the property will be in continuous operation and HUD HQS standards (or subsequent relevant housing standards if the HQS standard is retired) will be maintained for all units. Applicant agrees that once in operation the property will be subject to inspections no less than one time per year to ensure compliance and at AHCCCS or the Housing Administrator discretion additional inspections may be required.

The Applicant understands and agrees that should AHCCCS commit more funds than the State of Arizona is entitled to award in any given fiscal year (whether state or federal), and funding is not available as awarded, AHCCCS shall be held harmless by the Applicant, the Applicant's investors, and anyone else relying upon the commitment.

The Applicant acknowledges and agrees that it will at all times cooperate regarding request(s) for submission of additional requests for information from AHCCCS as necessary. If this project is approved, and upon receiving notification of approval of this application for funding, the Applicant shall provide to AHCCCS (i) copies of all licenses, certifications, registrations, and accreditations referenced in this Agreement; (ii) copies of the certificates of insurance referenced in this Agreement; and (iii) documents revealing the existence of Housing Contractor as a legal entity in good standing in the state of Arizona.

The Applicant acknowledges and agrees to fully comply and cooperate with all monitoring activity of AHCCCS after the date of commitment. The Applicant will give the state, the Housing Administrator, or the U.S. Department of Housing and Urban Development (HUD), if applicable, and any state authorized representatives access to and the right to examine all records, books, papers, or documents related to the application and any resulting funding awards.

By executing this authorization and release, the Applicant does hereby authorize AHCCCS, to obtain and furnish and release, to all proper institutions and/or agencies, full and complete records, reports and/or information pertaining to the Applicant and its application under the AHCCCS or SMI Housing Trust Fund program.

The Applicant agrees that AHCCCS, Arizona Department of Housing, its agents, employees, attorneys, contractors and representatives will at all times be indemnified and held harmless against all losses, costs, damages, expenses and liabilities of whatsoever nature or kind (including, but not confined to, attorneys' fees, litigation and court costs, amounts paid in settlement, and amounts paid to discharge judgments, and any loss from such judgments or assessments) directly or indirectly resulting from, arising out of, or related to acceptance, consideration and approval or disapproval of the Applicant's application for funding.

The Applicant hereby represents and certifies under penalty of A.R.S. §§ 13-2311 and 39-161 that the information set forth herein, and all material submitted by the Applicant to AHCCCS, are to the best of the Applicant knowledge, true and complete and accurately describe the proposed project. The undersigned is duly authorized to execute this instrument on behalf of the Applicant and possesses the legal authority to apply for an allocation of AHCCCS resources



**AHCCCS SMI Housing Trust Fund Application
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or SMI Housing Trust Funds and to execute the proposed program. Further, the Applicant represents that its governing body has duly adopted or passed an official act of resolution, motion, or similar action authorizing the filing of the application, including all understandings and assurances required, and directing and authorizing the applicant's chief executive officer and/or other designated official representative to act in connection with the application and to provide such additional information may be required.

The Applicant understands that all representations made herein, and all documentation submitted, is subject to verification by AHCCCS, and that any misrepresentations or inaccuracies, whether intentional or not, may subject the project to a loss of competitive scoring points or to disqualification. For the purposes of verification, the Applicant and Developer hereby authorize AHCCCS to request information on entities and individuals closely related to this transaction from any lender, investor, or other institution or entity named in this application. Such information includes but is not limited to audits, financial statements, credit history, copies of income tax returns, and other information deemed necessary by AHCCCS.

Applicant Name:	
Applicant Title:	
Date the Applicant Caused this Document to be Executed in Its Name:	