

**CITY OF LAKEWOOD – FY 2012 HOME INVESTMENT PARTNERSHIP FUNDS  
APPLICATION - HOUSING**

**I. PROJECT INFORMATION**

Name of Project: \_\_\_\_\_

Project Location/Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant is:  Private/Non-Profit 501(c)(3)  Private/For-Profit  Public Agency  Other (specify) \_\_\_\_\_

Organization's Federal Identification Number (Tax ID #): \_\_\_\_\_

Organizational DUNS number: \_\_\_\_\_

(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register.)

Do you have active registration status with the Central Contractor Registry (CCR)? Yes  No

(If you are not registered with CCR, go to <https://www.bpn.gov/ccr/default.aspx> to register. You must obtain a DUNS number prior to registering with CCR.)

Please provide documentation verifying active registration status for DUNS and CCR.

PROJECT COST SUMMARY	Amount	Source	Committed?		% of
			Yes	No	Budget
City of Lakewood Funds Requested	\$		<input type="checkbox"/>	<input type="checkbox"/>	
Other Government Funds Requested	\$		<input type="checkbox"/>	<input type="checkbox"/>	
Private Funds Requested	\$		<input type="checkbox"/>	<input type="checkbox"/>	
Other Funding Requested	\$		<input type="checkbox"/>	<input type="checkbox"/>	
Other Funding Requested	\$		<input type="checkbox"/>	<input type="checkbox"/>	
Donations/Volunteering/In-Kind	\$		<input type="checkbox"/>	<input type="checkbox"/>	
Total Cost to Complete	\$				100%

**SCOPE OF WORK (Limit response to space provided):**

**INCOME GROUP(S) SERVED:** Indicate which income groups, by Area Median Income (AMI), will be served with funding from this project or program:

- Extremely Low Income (below 30% of AMI)
- Very Low Income (between 31 and 50 % of AMI)
- Low Income (between 51 and 80% of AMI)

Other (specify) \_\_\_\_\_

**ACTIVITY TYPE (Check all that apply):**

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- Acquisition only (no rehabilitation)
- Rehabilitation (may include acquisition)
- New Construction
- Redevelopment (explain) \_\_\_\_\_
- Rehab or Adaptive Reuse of an Existing Building (not currently residential)
- Expansion of Housing Opportunities
- Supportive Housing
- Mixed Use (explain) \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

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**HOUSING PROJECT TYPE (Check all that apply):**

- Rental
- Homeownership
- Other (explain) \_\_\_\_\_

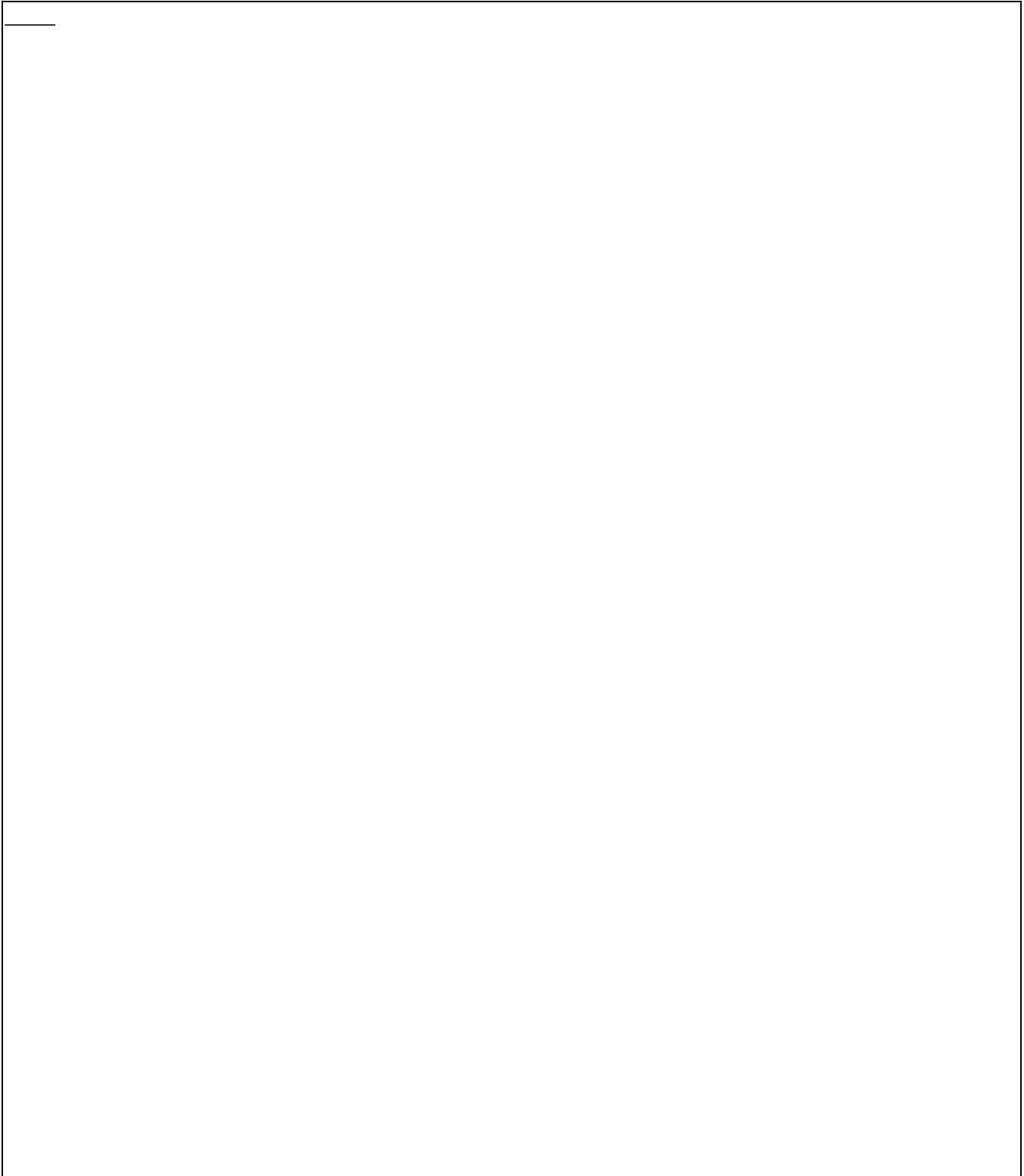
Indicate the total number of housing units, including the number of bedrooms, to be constructed, rehabilitated, or otherwise placed into service at project completion:

Type	Number
1 bedroom	
2 bedrooms	
3 bedrooms	
4 bedrooms	
Other (describe) _____	
Total housing units	_____

**DETAILED DESCRIPTION OF PROJECT (Limit response to space provided):** In concise, measurable and quantifiable terms, describe the scope of work to be accomplished with the funds requested, including a specific physical description. Please provide information about the intended use of the facility or structure, number of rooms, buildings, other structures, and any special needs to be addressed. If funded, your project will require a complete environmental assessment prior to commitment of funds. Therefore, describe in this section any and all environmental issues that will require consideration as your project design is developed.

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**NATURE OF PROBLEM/REMEDY (Limit response to space provided):** If the project is proposed to remedy a problem, be as specific as possible and include any statistics or other evidence that supports the case, such as census data, special surveys/studies and demographic data. Include any specific state or local compliance requirements that may affect the project (i.e., EPA, PCHD). Based on the problem identified above, state briefly how the project will meet need described above. Provide a brief description as to how the population group and/or the community will benefit from this project.

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Describe your organization's experience in conducting this type of project.

**ORGANIZATIONAL  
EXPERIENCE:**

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Describe your organization's current capacity and staff qualifications for carrying out the proposed project.

\_\_\_\_\_

**MARKET STUDY/ ASSESSMENT:** Has a market study been completed for this type of project?  Yes  No

Briefly describe how your project will meet the market demand as identified in the market study or assessment. Include corresponding market study page numbers.

\_\_\_\_\_

**II. PROJECT ELIGIBILITY AND LOCATION**

**TARGET POPULATION/ DEMAND FOR PROJECT:** Provide a brief description of the population to be served, including demand for your project.

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Provide the project address. Describe the target population for your project. Include such things as population demographics, area(s) your project will draw clientele from, and comparisons to similar projects in proximity to yours. Describe how your proposed project will meet the demands of this targeted population.

\_\_\_\_\_

**CITIZEN PARTICIPATION:** Have local citizens been involved in assessing the needs for this project and/or establishing a solution to the problem and its goals and objectives?  Yes  No

If yes, describe.

\_\_\_\_\_

Is this project consistent with the goals, strategies and priorities of the City's 5 YR Consolidated Plan and the current Consolidated Annual Action Plan?  Yes  No

If yes, describe.

\_\_\_\_\_

**PROJECT ELIGIBILITY ATTACHMENTS:**

As required, please attach the following documents with your application (use colored sheets to separate documents):

1. Signed board resolution or board minutes authorizing submittal
2. Copy of 501 (c)(3) letter from the IRS
3. Copy of current City of Lakewood business license
4. Copy of list of current Board of Directors
5. Copy of the Applicant' financial reports for the past two years. If audits have not been conducted or are not required for the Applicant, substitute CFO-certified financial statements for the most recent 2 fiscal years
6. Copy of Applicant's current year-to-date financial statement

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- 7. Copy of Applicant's tax return, Form 990, prior 2 tax years (non-profits only)
- 8. Copy of current Articles of Incorporation and Bylaws

**III. DEVELOPMENT PROJECT SPECIFICS**

*(The following sections III, IV, V, VI, VII and VIII to be completed if the project involves acquisition, new construction or substantial rehabilitation.)*

Has your organization received HOME or CDBG funding form the City for this project/program, or any other project/program, in prior years?      Yes  No

If yes, please list the project/program name, funding type, year(s) and amount(s) below:

Project/Program	Funding Type- CDBG/HOME	Year	Amount
			\$
			\$
			\$
			\$
			\$

Anticipated balance of previously committed funds:      \$\_\_\_\_\_

**ACQUISITION:** Does the project involve acquisition?      Yes   No

If yes, who is the current owner? \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Property Size: \_\_\_\_\_

Current Use/Zoning: \_\_\_\_\_

**OWNERSHIP:** Upon completion, will the property(ties) be owned:      Publicly      Privately

Who will be the owner? \_\_\_\_\_

Address of owner: \_\_\_\_\_

**VALUATION:** What is the current property value? \_\_\_\_\_

Source of valuation: \_\_\_\_\_

What is the after-completion valuation? \_\_\_\_\_

Source of valuation: \_\_\_\_\_

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**ZONING:** Is zoning consistent with current use? Yes No Legal nonconforming use

If no, explain how inconsistencies will be resolved and the timeframe involved. Describe any plan or design departures from current use/zoning requirements. If legal nonconforming use please describe.

\_\_\_\_\_

**NEIGHBORHOOD CHARACTERISTICS:** Describe the neighborhood in which the subject property is located.

Description to include surrounding buildings, businesses, parks, housing, infrastructure, major roadways, shopping, and transportation.

\_\_\_\_\_



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**SITE CONTROL:** Do currently have site control of the subject property? Yes No

If yes, describe the type of site control (ie: statutory warranty deed, purchase and sale agreement, lease agreement, etc.). If no, identify any key dates pertaining to site control (i.e.: purchase date, closing date, feasibility date, etc.).

\_\_\_\_\_

**PROJECT READINESS:** List any issues that may affect the timing of this project and how they will be managed.

Include the current status of architectural plans, permits, construction/rehabilitation contracts, environmental review, funding, etc.

\_\_\_\_\_

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**ENVIRONMENTAL REVIEW:** Does this project involve any environmental impact where the Department of Natural Resources mandates or Health Department citations are involved?       Yes    No

If yes, describe.

For new construction or substantial rehabilitation, a Phase I Environmental Site Assessment (ESA) will be required, at a minimum. If your project involves rehabilitation or alteration of a building constructed prior to 1978, a Lead Paint Risk Assessment will be required. In addition, assessments for asbestos, lead-based paint, mold or biological assessments may be required in order to comply with the National Environmental Protection Act (NEPA).

Indicate any recognized environmental conditions, hazards or risk issues identified in the Phase I ESA. If requested, a Phase II ESA will be required.

**CONSTRUCTION/REHABILITATION COST ESTIMATE:** New construction and rehabilitation projects must have a written cost estimate prepared by an independent, professional third party. For rehabilitation, an independently prepared Capital Needs Assessment with projected budgets may suffice. The cost estimate must identify an inflationary cost adjustment linked to the start date and be dated no more than 12 months prior to the date of application. The construction/rehabilitation of 12 units or more will be subject to the higher of State or Federal prevailing wage rates.

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Provide a detailed explanation of any differences between the cost estimate and the development budget in this application.

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**PROJECT SPECIFIC ATTACHMENTS:**

As required, please attach the following documents with your application (use colored sheets to separate documents):

1. Site Control documentation
2. Documentation of scattered sites, if applicable

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3. Photos of proposed site
4. Map of project location and service area boundaries
5. Preliminary drawings, site plan, construction drawings, etc.
6. Phase I Environmental Site Assessment (Phase II ESA if required)
7. Assessments for asbestos, lead-based paint and mold, if applicable
8. Biological assessment, if applicable
9. Third party cost estimate
10. Capital Needs Assessment, if applicable
11. Letter for local planning department verifying the proposed project is consistent with existing zoning. If a variance or special use permit is needed, the letter should provide assurance that approval can readily be obtained (prior to contract execution). Note: If a project will continue an existing use, no such letter is required
12. Appraisal

**IV. UNIFORM REOCATION ASSISTANCE (URA) AND REAL ESTATE ACQUISITION**

If your project involves acquisition, include a copy of the required notice provided to the seller regarding the use of federal funds in your project.



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Briefly describe the income verification process and the strategy for addressing any residents who may not be eligible to remain in the building.

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**GENERAL INFORMATION NOTICES (GINs):** Have you provided GINs to the tenants (or will be in timing with the submission of this application)?  Yes  No

**MOVE-IN NOTICES:** Are you providing, or has the Seller agreed to provide, Move-in Notices to any prospective tenants relating to relocation?  Yes  No

**OTHER NOTICES:** Have you provided any other notices to the tenants indicating the type of displacement and benefits provided to the tenants?  Yes  No

If yes, describe.  
\_\_\_\_\_

**RELOCATION BUDGET:**

Activities	Cost per Household/Business	Number to be Assisted	Budget
Relocation rental/purchase assistance by size of unit to be replaced:			
1 bedroom	\$		\$
2 bedrooms	\$		\$
3 bedrooms	\$		\$
4 bedrooms	\$		\$
Temporary moving expenses	\$		\$
Permanent moving expenses	\$		\$
Replacement cost for business	\$		\$
Advisory services	\$		\$
Other (specify): _____	\$		\$
<b>Total</b>			<b>\$</b>

**BUDGET:** Have you included the total relocation budget in the project development budget?  Yes  No

**URA ATTACHMENTS:**

As required, please attach the following documents with your application (use colored sheets to separate documents):

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1. If tenants occupy the subject property, provide a copy of current rent roll (concurrent with HOME application). If acquiring property, include rent roll concurrent with the Purchase and Sale Agreement
2. Tenant Relocation Plan, including sample notices to be provided
3. Copies of notices required to date indicating the type of displacement and benefits provided to the tenants
4. If demolition or conversion of any low-income units is anticipated, information regarding the units to be lost, by bedroom size
5. If acquisition is involved, a copy of the notice provided to the Seller

**V. PROJECT BUDGET AND FINANCING**

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Estimates in the project development budget should be reasonable, cost effective and appropriate to the scale and complexity of the project. Documentation of estimate by an independent, professional third-party is required. For rehabilitation, an independently prepared Capital Needs Assessment with projected budgets will suffice.

Enter the development costs by line item and by funding source as indicated on the form. Enter the funds you are requesting from the City of Lakewood under the City column. Cells that are blacked out mean that City HOME funds cannot be used to cover those costs. If there are other funding sources, fill out separate columns for each funding source and enter the name of the funding source at the top of its respective column. Use only one funding source per column. If more columns are needed, add additional page(s).

Include the following items as attachments with this application (use colored sheets to separate documents):

1. Copies of funding commitment letters, including funding commitments for services (if services are applicable)
2. Letters for committed donations, including all project sponsor donations
3. Capital campaign plan (if applicable)

**PROJECT DEVELOPMENT BUDGET**

	<b>Total</b>				
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	Development Cost	City	Source	Source	Source	Source
<b>Acquisition Costs:</b>						
Purchase Price	\$	\$	\$	\$	\$	\$
Liens	\$	\$	\$	\$	\$	\$
Closing, Title & Recording Costs	\$	\$	\$	\$	\$	\$
Extension payment	\$	\$	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$	\$	\$
<b>SUBTOTAL</b>	\$	\$	\$	\$	\$	\$
<b>Construction</b>						
Construction Contract	\$	\$	\$	\$	\$	\$
Bond Premium	\$	\$	\$	\$	\$	\$
Infrastructure	\$	\$	\$	\$	\$	\$
Hazardous Materials	\$	\$	\$	\$	\$	\$
Construction Contingency ( _____ %) *Minimum 10% for new construction/ 15% for rehab.	\$	\$	\$	\$	\$	\$
Sales Taxes	\$	\$	\$	\$	\$	\$
Other Construction Costs: _____	\$	\$	\$	\$	\$	\$
Other Construction Costs: _____	\$	\$	\$	\$	\$	\$
<b>SUBTOTAL</b>	\$	\$	\$	\$	\$	\$
<b>Development</b>						
Appraisal	\$	\$	\$	\$	\$	\$
Architect/Engineer	\$	\$	\$	\$	\$	\$
Environmental Assessment	\$	\$	\$	\$	\$	\$
Geotechnical Study	\$	\$	\$	\$	\$	\$
Survey(ies)	\$	\$	\$	\$	\$	\$
Legal	\$	\$	\$	\$	\$	\$
Developer Fee	\$	\$	\$	\$	\$	\$
Project Management	\$	\$	\$	\$	\$	\$
Technical Assistance	\$	\$	\$	\$	\$	\$
Other Consultants: _____	\$	\$	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$	\$	\$
<b>SUBTOTAL</b>	\$	\$	\$	\$	\$	\$
<b>Other Development</b>						
Real Estate Tax	\$	\$	\$	\$	\$	\$
Insurance	\$	\$	\$	\$	\$	\$
Relocation	\$	\$	\$	\$	\$	\$
Bidding Costs	\$	\$	\$	\$	\$	\$
Permits, Fees & Hookups	\$	\$	\$	\$	\$	\$
Impact/Mitigation Fees	\$	\$	\$	\$	\$	\$
Development Period Utilities	\$	\$	\$	\$	\$	\$
Construction Loan Fees	\$	\$	\$	\$	\$	\$
Construction Interest	\$	\$	\$	\$	\$	\$
Other Loan Fees _____	\$	\$	\$	\$	\$	\$
Accounting/Audit	\$	\$	\$	\$	\$	\$
Marketing/Leasing Expenses	\$	\$	\$	\$	\$	\$
Carrying Costs at Rent up	\$	\$	\$	\$	\$	\$
Operating Reserves	\$	\$	\$	\$	\$	\$
Replacement Reserves	\$	\$	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$	\$	\$
<b>SUBTOTAL</b>	\$	\$	\$	\$	\$	\$
<b>Total Development Cost</b>	\$	\$	\$	\$	\$	\$

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**PROJECT DEVELOPMENT BUDGET NARRATIVE**

	Total Development Cost	Identify who made the estimate, when & basis
<b>Acquisition Costs:</b>		
Purchase Price	\$	
Liens	\$	
Closing, Title & Recording Costs	\$	
Extension payment	\$	
Other: _____	\$	
<b>Construction</b>		
Construction Contract	\$	
Bond Premium	\$	
Infrastructure	\$	
Hazardous Materials	\$	
Construction Contingency (    %)	\$	
Sales Taxes	\$	
Other Construction Costs: _____	\$	
Other Construction Costs: _____	\$	
<b>Development</b>		
Appraisal	\$	
Architect/Engineer	\$	
Environmental Assessment	\$	
Geotechnical Study	\$	
Survey(ies)	\$	
Legal	\$	
Developer Fee	\$	
Project Management	\$	
Technical Assistance	\$	
Other Consultants: _____	\$	
Other: _____	\$	
<b>Other Development</b>		
Real Estate Tax	\$	
Insurance	\$	
Relocation	\$	
Bidding Costs	\$	
Permits, Fees & Hookups	\$	
Impact/Mitigation Fees	\$	
Development Period Utilities	\$	
Construction Loan Fees	\$	
Construction Interest	\$	
Other Loan Fees _____	\$	
Accounting/Audit	\$	
Marketing/Leasing Expenses	\$	
Carrying Costs at Rent up	\$	
Operating Reserves	\$	
Replacement Reserves	\$	
Other: _____	\$	

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**PROJECT FUNDING SOURCES:**

Describe the current status of all funding sources to be used for this project as identified in Section I under Project Information.

\_\_\_\_\_

**OTHER FINANCING:** Has this project been submitted to any other financier for funding?  Yes  No  
Have you been denied funding for this project by any other entity?  Yes  No

Describe other funding sources applied for. If you were denied funding, please explain.

\_\_\_\_\_

**PARTIAL OR REDUCED FUNDING:** Can your project be partially funded? Yes  No

If yes, list the priority amount(s). Describe what impact a reduced funding level would have on this project.

\_\_\_\_\_

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If one or more of the funding sources listed is not realized, what impact would this have on your project?

Explain what changes would be considered to its scope or design, including the number of clients served, structure(s) constructed, staff reductions, etc., and whether your project would exist without HOME funding.

\_\_\_\_\_

**POTENTIAL FUNDING SOURCES:** Provide a list of other funding sources you considered applying for, but did not or will not apply for and why.

FUNDING SOURCE	REASON FOR NOT APPLYING

**CAPITAL CAMPAIGN:** If your financing plan includes a capital campaign to raise additional capital funds, list the activities and benchmark dates.

ACTIVITIES	BENCHMARK DATES

**FUNDING TERMS:** The City will require a deed restriction regarding the use of the property be recorded as a lien. List all potential lien holders, their position and the dollar amount of those liens.

LIEN HOLDER	LIEN POSITION	LIEN AMOUNT
		\$
		\$
		\$
		\$







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**VI. PROJECT SCHEDULE**

<b>Instructions:</b>			
<ul style="list-style-type: none"> <li>• Provide "Date Completed" and "Status" information for the following project tasks at a minimum.</li> <li>• If a task does not apply to your project, enter N/A. To add additional tasks, insert additional lines as needed.</li> <li>• Submit this form in chronological order. Use the sort function to reorder the form by the "Date Completed" column.</li> </ul>			
	<i>For each new task you enter in this column, also enter the appropriate category in the first column.</i>		
<b>Category</b>	<b>Tasks</b>	<b>Date Completed/Expected Completion</b>	<b>Status</b>
			<i>(e.g., Completed market study was provided on 6/14/11.)</i>
Site Control	Purchase		
Site Control	Option		
Feasibility Analysis/Due Diligence	Site survey		
Feasibility Analysis/Due Diligence	Market study		
Feasibility Analysis/Due Diligence	Phase I Environmental Assessment		
Feasibility Analysis/Due Diligence	Phase 2 Environmental Assessment		
Feasibility Analysis/Due Diligence	SEPA/NEPA		
Feasibility Analysis/Due Diligence	Capital needs assessment		
Feasibility Analysis/Due Diligence	Neighborhood notification (if required)		
Feasibility Analysis/Due Diligence	Relocation Plan		
Feasibility Analysis/Due Diligence	Relocation of existing tenants		
Financing	Appraisal		
Financing	Financial underwriting		
Financing	Application for funding (specify source):		

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Financing	Application for funding (specify source):		
Financing	Application for funding (specify source):		
Financing	Construction cost estimate		
Financing	Lender selection		
Financing	Funding for services		
Financing	Award date for funding source (specify):		
Financing	Award date for funding source (specify):		
Financing	Award date for funding source (specify):		
Financing	Award date for funding source (specify):		
Design/Permitting	Preliminary drawings completed		
Design/Permitting	Zoning approval		
Design/Permitting	Site plan approval		
Design/Permitting	Building permits issued		
Construction	Selection of general contractor		
Construction	Begin construction		
Construction	Issued certificate of occupancy		
Occupancy	Selection of management entity		
Occupancy	Selection of service providers		
Occupancy	Begin lease-up		
Occupancy	Placed in Service (90% occupancy)		

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**VII. DEVELOPMENT TEAM**

**Development Consultant**

Firm Name \_\_\_\_\_ Related Entity  Yes  No

Contact Person \_\_\_\_\_

Telephone Number *with Area Code* \_\_\_\_\_

**Architect**

Firm Name \_\_\_\_\_ Related Entity  Yes  No

Contact Person \_\_\_\_\_

Telephone Number *with Area Code* \_\_\_\_\_

**Engineer**

Firm Name \_\_\_\_\_ Related Entity  Yes  No

Contact Person \_\_\_\_\_

Telephone Number *with Area Code* \_\_\_\_\_

**Environmental Engineer**

Firm Name \_\_\_\_\_ Related Entity  Yes  No

Contact Person \_\_\_\_\_

Telephone Number *with Area Code* \_\_\_\_\_

**Project Attorney**

Firm Name \_\_\_\_\_ Related Entity  Yes  No

Contact Person \_\_\_\_\_

Telephone Number *with Area Code* \_\_\_\_\_

**Appraiser**

Firm Name \_\_\_\_\_ Related Entity  Yes  No

Contact Person \_\_\_\_\_

Telephone Number *with Area Code* \_\_\_\_\_

**Market Study Firm**

Firm Name \_\_\_\_\_ Related Entity  Yes  No

Contact Person \_\_\_\_\_

Telephone Number *with Area Code* \_\_\_\_\_

**Property Management**

Firm Name \_\_\_\_\_ Related Entity  Yes  No

Contact Person \_\_\_\_\_

Telephone Number *with Area Code* \_\_\_\_\_

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**General Contractor**

Firm Name \_\_\_\_\_ Related Entity  Yes  No  
Contact Person \_\_\_\_\_  
Telephone Number *with Area Code* \_\_\_\_\_

**Other (please specify)**

\_\_\_\_\_   
Firm Name \_\_\_\_\_ Related Entity  Yes  No  
Contact Person \_\_\_\_\_  
Telephone Number *with Area Code* \_\_\_\_\_

If you are contracting with other organizations to offer supportive services in your project, please provide the following information:

**Service Provider**

\_\_\_\_\_   
Firm Name \_\_\_\_\_ Related Entity  Yes  No  
Contact Person \_\_\_\_\_  
Telephone Number *with Area Code* \_\_\_\_\_

**Service Provider**

\_\_\_\_\_   
Firm Name \_\_\_\_\_ Related Entity  Yes  No  
Contact Person \_\_\_\_\_  
Telephone Number *with Area Code* \_\_\_\_\_

**Service Provider**

\_\_\_\_\_   
Firm Name \_\_\_\_\_ Related Entity  Yes  No  
Contact Person \_\_\_\_\_  
Telephone Number *with Area Code* \_\_\_\_\_

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**VIII. DEVELOPMENT EXPERIENCE**

**CONSTRUCTION INFORMATION:** Has your organization conducted a construction project in which Davis-Bacon prevailing wage requirements were required?  Yes  No

If yes, briefly explain your experience with Davis-Bacon.

\_\_\_\_\_

Describe your familiarity with oversight of construction projects.

\_\_\_\_\_

Describe your organization's experience in conducting this type of project.

\_\_\_\_\_

If rental development, describe your organizational management experience. Include any projects currently under management and projects of similar scope previously managed.

\_\_\_\_\_

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If this project will serve special needs residents, describe your management experience related to working with these clients.

\_\_\_\_\_

Will management be provided on-site?       Yes    No

If yes, describe site management's experience. If no, describe how you plan to manage this project.

\_\_\_\_\_

**IX. CERTIFICATION**

This proposal must be signed by an official authorized to bind applicant in order to be considered for funding. █

I certify that the statements and application requirements in this official proposal are correct and that this proposal contains no misrepresentation or falsification, omission, or concealment of material facts and that the information given is true and complete to the best of my knowledge and belief, and that no bids have been awarded, contracts executed, or construction begun on the proposed project. I also certify that any HOME funding resulting from this application will be governed by the laws and regulations of the United States Department of Housing and Urban Development (HUD) and the City of Lakewood and that any funds received under this grant will not be used to supplant other funds budgeted for the proposed project.

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Signature of Authorized Official (**use blue ink**)

**CITY OF LAKEWOOD – FY 2012 HOME INVESTMENT PARTNERSHIP FUNDS  
APPLICATION - HOUSING**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date\_