

Development Name:		
Development Address:		
Applicant Name:		

Please complete the following narrative questions, as applicable, based upon the specific housing proposal.

### Multifamily Rental Housing Narrative Questions

#### Funding Activity and Housing Type

1. Describe the proposed housing concept and use of funds, including:
  - Funding activity (i.e. acquisition, historic rehab, new construction, adaptive reuse)
  - Physical attributes of the building (i.e. three story, elevator building with brick exterior and underground parking or above ground parking)
  - Type of housing (i.e. general occupancy, permanent supportive housing, shelter)
  - Population served (i.e. families, elderly, long term homeless, serious mental illness)

\_\_\_\_\_

#### Agency Priorities

1. Indicate which Minnesota Housing priorities the housing proposal is addressing and the number of units targeted toward those priorities.
  - Preservation of Existing Housing
    - \_\_\_\_\_ # of total affordable units being preserved
    - \_\_\_\_\_ # of federally-assisted units
    - \_\_\_\_\_ # of existing supportive housing units
    - \_\_\_\_\_ # of expiring Housing Tax Credit (HTC) units
    - \_\_\_\_\_ # of affordable units preserved as a part of a Stabilization Plan
  - Ending Long-Term Homelessness (LTH)
    - \_\_\_\_\_ # of total LTH units (sum of units identified below)
    - \_\_\_\_\_ # of units deemed for LTH single adults
    - \_\_\_\_\_ # of units deemed for LTH families
    - \_\_\_\_\_ # of units deemed for LTH unaccompanied youth
  - Finance New Affordable Housing
    - \_\_\_\_\_ # of new construction units
    - \_\_\_\_\_ # of adaptive reuse/conversion of use (i.e.: school to multifamily rental)
  - Mitigate Foreclosure through prevention and remediation (as described in the Temporary Foreclosure Priority section)
    - \_\_\_\_\_ # of units that meet the Foreclosure Priority

### Foreclosure

Refer to the RFP Guide- Prevent Foreclosure and Support Community Recovery for more information.

1. Identify and describe how the proposed property meets one of the following foreclosure criteria:
  - For applications proposing to acquire and rehabilitate a Foreclosed Property or redevelop vacant land involved in a foreclosure action which is located in one of the designated Foreclosure Priority Areas.
  - For applications proposing to acquire and rehabilitate a Foreclosed Property or redevelop vacant land involved in a foreclosure action which is not located in one of the designated Foreclosure Priority Areas.
  - For applications proposing a project to acquire and rehabilitate a property that is located in one of the designated Foreclosure Priority Areas.

\_\_\_\_\_
2. Describe the number of units in the development. *(The project must consist of a minimum of 12 units and all units must be located within a ½ mile radius of each other, no building may contain less than 2 units)*

\_\_\_\_\_
3. Does the applicant have ownership rights to the property? If yes, provide evidence of title. If no, describe the timeline and process to acquire the property.
 

\_\_\_\_\_
4. Number of tenant leases that are valid and in force.
 

\_\_\_\_\_
5. Describe the terms and conditions of those leases that would have a direct impact on Minnesota Housing's analysis and underwriting of the project proposed in the application.
 

\_\_\_\_\_

### Preservation

**Note: Technical Assistance is available for preservation proposals and applicants are strongly encouraged to contact Julie LaSota: 651-296-9827, [julie.lasota@state.mn.us](mailto:julie.lasota@state.mn.us) or Jane Loechler: 651-215-5644, [jane.loechler@state.mn.us](mailto:jane.loechler@state.mn.us) to arrange an appointment.**

The following questions must be answered with supporting forms and submittals to document the property's preservation category. Only one preservation category can be selected. Refer to the Housing Tax Credit Program Procedural Manual and Multifamily Request for Proposal Guide for selection criteria and definitions of preservation categories.

1. All proposals:
  - A. Location. Please summarize pertinent data from the Transit Oriented Development Maps, Community Profiles, Walkscore and other application materials etc. to support risk category claimed.
 

\_\_\_\_\_
  - B. Describe any shared identities of interest between current and proposed ownership entities.
 

\_\_\_\_\_
  - C. Tenant impact.
    - a. If the federal assistance were lost, would existing tenants be eligible for an RD voucher or an Enhanced Section 8 voucher?
 

Yes  No

- b. Provide a narrative description of the demographic profile of current residents (race, income, special needs) and historical occupancy for the last five years:
- \_\_\_\_\_

2. Existing Federal Assistance:

- A. Mortgage payoff, contract expiration or eligibility to opt-out. Describe the current financing and contracts associated with the property and the owner's ability to pre-pay or opt-out including required approvals and/or penalties)
- \_\_\_\_\_

3. Existing Tax Credits:

- A. Eligibility to file for a Qualified Contract. Describe the terms of the Land Use Restriction Agreement and characteristics of the property that allow for filing for a Qualified Contract.
- \_\_\_\_\_

4. Imminent Risk Only:

- A. MARKET FOR CONVERSION (FEDERALLY ASSISTED OR HOUSING TAX CREDIT)

***Minnesota Housing, at its sole discretion, must agree that a market exists for conversion to market rate and retains the right to validate comparable units.***

- a. Market. Describe local market as one feasible to support conversion of units:\_\_\_\_\_
- b. Vacancy Rate: Using Community Profiles data and other available supporting data, describe evidence of low (4% or lower) physical vacancy rate for comparable market rate units.\_\_\_\_\_
- c. Market Differential. Summarize data from the Market Qualifications Form and/or Market Study to describe the comparable market rate property and units that best support the conversion scenario provided directly below. Take into account condition, amenities and utilities to indicate what market rents might be achievable at the property.
- \_\_\_\_\_

- i. Describe how you selected an achievable market rate rent for each unit size as completed in the Preservation Data tab located in the Minnesota Multifamily Rental Housing Common Application (beginning in cell K59).
- \_\_\_\_\_

- d. Conversion Scenario: Conversion scenario must result in sufficient additional revenue to support improvements and additional amenities necessary to match market comparable units. It is expected that a true threat to convert would require no more than a three year period to make improvements.

- i. Using as evidence direct comparison to local market comparable units and amenities, describe how existing resources and income generated by conversion would cover the cost of bringing the units up to par with comparable market rate units.
- \_\_\_\_\_

5. High Risk Only (FEDERALLY ASSISTED OR HOUSING TAX CREDIT):

- A. SUBSTANTIAL AND IMMEDIATE PHYSICAL NEEDS

- a. Describe immediate physical needs. This question pertains to **risk of loss** of unit status (as tied to either federal assistance or tax credits).
- \_\_\_\_\_

- i. Provide an itemized list and the total cost of replacing or repairing items that would likely fail the property's applicable physical inspection standard (REAC, RD Classification or UPCS) and as supported by the following documentation:

1. On the "Physical Needs Assessment Template" include only those items indicated to "fail" or have an Effective Remaining Life (ERL) less than three years.

2. Report these items on the “20 Year Capital Expenditure (20YCE) Template” in the appropriate column (the timing of replacement must correspond with the Effective Remaining Life, not the construction schedule).

ii. For Rural Development properties submitting a Capital Needs Assessment (CNA), use the methodology above to provide an equivalent list to support risk of loss due to substantial and immediate physical needs.

b. Provide the date of any scheduled upcoming property inspections: \_\_\_\_\_

c. Total property cash and reserves available \$ \_\_\_\_\_

i. Describe property’s use of cash flow and reserves between application date and year three of the “20 year Capital Expenditure Template.”

2. NECESSARY CHANGE IN OWNERSHIP

a. Change in ownership is necessary due to deterioration of capacity as evidenced by threat to units remaining decent, safe, and affordable: Yes  No

i. If due to bankruptcy/insolvency, provide supporting documentation and describe:

\_\_\_\_\_

ii. If due to self-determination of diminishing or insufficient capacity by nonprofit board, provide supporting documentation and describe:

\_\_\_\_\_

6. Stabilization:

A. Date of initial loan closing or housing tax credit placed in service date \_\_\_\_\_

ISG Support. Based on ISG confirmation of collaborative funder commitment, describe feasibility of 20-year operating forecast including a combined use of cash flow and reserves for capital needs.<sup>3</sup>

\_\_\_\_\_

B. Financial Readiness to Proceed:

Total committed capital source of funding\* \$ \_\_\_\_\_

Divided by Total Development Cost \$ \_\_\_\_\_

Equals Percentage of Funds Committed: \_\_\_\_\_%

\*as referenced in the Minnesota Multifamily Rental Housing Common Application Form/HTC1.

C. Federal/Local/Philanthropic Contributions:

Total federal/local/philanthropic contributions \$ \_\_\_\_\_

Divided by Total Development Cost \$ \_\_\_\_\_

Equals Percentage of local \_\_\_\_\_%

\*as referenced in the Minnesota Multifamily Rental Housing Common Application Form/HTC1

D. Serves Lowest Income Tenants/Rent Reduction. Provide schedule or summary of proposed gross rents (including utilities and before rental assistance) by unit size and corresponding AMI.

\_\_\_\_\_

E. Cost Containment. Describe how the TDC per unit would be eligible for preference priority under published Cost Containment methodology. (See Self-Scoring Worksheet, preference priority #4 for more detail)

\_\_\_\_\_

<sup>3</sup> The ISG is the Interagency Stabilization Group, a group of stakeholders for affordable housing who meet to address issues affecting specific developments and share information affecting affordable housing developers, preservation of affordable housing, and asset management of affordable housing.

### Housing & Jobs Initiative

Pending approval from the 2013 Legislature, special initiative funding may be available, under the EDHC program, to support housing developments in areas where job growth is occurring, or expected to occur, but the existing affordable housing stock is not sufficient to meet the needs, or the expected needs, of the local workforce.

**Only complete this Housing & Jobs Initiative section if the above paragraph applies to your development.**

1. Describe the need for additional affordable housing related to actual or expected job expansion and/or job growth.

A. Is the development in a community that Minnesota Housing has identified as a job growth area?  Yes     No

(See the map showing job growth areas in Minnesota Housing's [Community Profiles](#). Also see the [methodology memo](#) outlining how Minnesota Housing identified job growth areas.

a. *If no*, but there is local data documenting job growth, describe the source and nature of the data and the amount and timing of the job growth. (As a point of reference, Minnesota Housing uses data from the Department of Employment and Economic Development's (DEED's) Quarterly Census of Employment and Wages to assess job growth. See the following website for the raw data:

<http://www.positivelyminnesota.com/apps/lmi/qcew/AreaSel.aspx>)

b. What is the type of industry is the job growth expected in and what are the anticipated wages of the new jobs?

B. Is the development in a community that Minnesota Housing has identified as an area where more than 15% of the workforce commutes 30 or more miles into the community for employment?  Yes     No

(See the map showing communities where more than 15% of workers commute more than 30 miles into the community for work: [Community Profiles](#). Also, see the [methodology memo](#) outlining how Minnesota Housing identified the long-commute areas.)

If yes, provide responses and supporting data, to the following questions:

a. Is there an inadequate supply of housing which is affordable to the local workforce?  Yes     No

b. Describe the relationship between the cost of housing in the community and the anticipated to be earned as a result of the employment expansion.

c. The names of specific employers in the community who pay for buses to transport workers from out of town to their facilities, if applicable.

d. Any other pertinent information and/or data to explain why 15%, or more, of the workforce commutes 30 miles or more into the community for employment purposes?

C. Is there a planned job expansion in the near future for the community? Will the expansion cause a local workforce housing shortage? If yes, how much of a shortage? Or conversely, is there a workforce housing shortage that already exists which is hindering the planned job expansion?

**Planned job expansion must be documented and substantiated.** The stronger the evidence substantiating that the planned job expansion is imminent and very likely to occur, the more competitive the application may be viewed. Acceptable forms of documentation may include, but is not limited to:

- A signed letter from the CEO confirming the company is fully committed to increasing new jobs in the city. The letter should specify the expected number of new jobs, wages levels of those jobs, and the timeframe for those jobs to be in place.
- A signed “Job Expansion Sources & Uses” document from the company that summarizes the sources and uses of the funds needed to carry out the expansion. This document should include: The name of the entity providing the equity, the type of equity (loan, grant, TIF, etc.), the amount of each type of equity, whether or not the equity has been secured and the uses of each type of equity (i.e. infrastructure, clean up, capital improvements, etc.)
- A signed document from the city outlining its review of the expansion plans and its support. If the city is providing a business subsidy or some other type of financial assistance, the letter should indicate the amount and nature of the subsidy and the conditions upon which the subsidy is contingent.

2. Does the community have an existing Cooperatively Developed Plan (CDP)\*?  Yes  No

*\*A CDP means a community supported plan that:*

- *Refers to a geographically defined area*
- *Encompasses workforce housing and related service initiatives (Related service initiatives refer to the CDPs impact upon community elements, such as, local business, local transit, police, fire, schools, parks, environment and/or infrastructure, etc.)*
- *Is developed with the cooperation and input of a city or county (or instrumentality thereof) or a regional unit of government and one or more of the following entities:*
  - *A neighborhood or community group,*
  - *Housing providers, or*
  - *Housing funders*

*If yes, describe:*

a. How the CDP encompasses both the housing needs of a growing workforce and related service initiatives?  
\_\_\_\_\_

b. How the proposed housing development relate to the goals of both the CDP and Minnesota Housing?  
\_\_\_\_\_

c. How the CDP was created (i.e. summarize how the CDP concept was developed, who was involved, related discussions and meetings, etc.)?  
\_\_\_\_\_

If a CDP document is available, please include with the application. Note that city comprehensive plans or housing research reports alone do not qualify as a CDP.

3. What is the vacancy rate in the community of the proposed development? (Typically, a low vacancy rate is defined to be 4% and below. An alternative way to show an ‘effective’ low vacancy is if the wages paid by the community’s growing businesses are too low to support the FMR rents in the local market.)  
\_\_\_\_\_

a. How the vacancy rate computed. For example, how many properties and units were included in the survey? How were properties/units selected to be in the survey? What types of properties were included in the survey? How was the vacancy information collected?  
\_\_\_\_\_

b. When was the vacancy information collected?  
\_\_\_\_\_

4. Describe employer support for your proposal, including a description and estimated value of any employer contributions to the project.  
\_\_\_\_\_

Employer contributions may take many forms. Possibilities include, but are not limited to: land donations, cash contributions (charitable or corporate), zero/low interest gap loan(s), low/ zero interest construction loan(s), in-kind contributions (materials, labor and/or land, etc.)

Reasonable metrics to demonstrate an appropriate level of support include, but are not limited to, the following:

- Dollar amount contributed per unit of housing.
- Dollar amount contributed per employee working for the employer in that community.
- Proportion of the employer’s overall charitable contributions represented by the contribution amount.
- Percentage of employer’s profits during the past year.
- Other

**HOME AFFORDABLE RENTAL PRESERVATION (HOME HARP) CHDO**

HOME HARP funding has a priority for eligible Community Housing Development Organizations (CHDO). If the applicant is an eligible CHDO, a CHDO Qualifications form must be submitted prior to or in conjunction with the application. Please check one of the following:

- The applicant is not an eligible CHDO. Or,
- The applicant is an eligible CHDO, is currently certified as a CHDO, and has staff with demonstrated development experience. Or,
- The applicant is an existing CHDO, is currently in the process of being recertified, and has staff with demonstrated development experience. Or,
- The applicant is applying for status as a CHDO, and has staff with demonstrated development experience.

**Population Served**

\_\_\_\_\_ # Some funding sources have a funding priority that target persons and families whose gross *income* at the time of initial occupancy does not exceed 30 percent of the AMI for the metropolitan area (this median income may be adjusted for family size of five or more). Indicate number of units meeting this criterion.

\_\_\_\_\_ # Some funding sources have a funding priority that target persons and families whose household contribution towards *rent* does not exceed 30 percent of 30 percent of AMI as determined by HUD (Minnesota Housing uses the metro median income for this funding priority). Indicate number of units meeting this criterion.

\_\_\_\_\_ # Indicate number of units with existing rental assistance, if applicable.

\_\_\_\_\_ # Indicate number of units with proposed rental assistance, if applicable.

1. Indicate which underserved population(s) the housing proposal will target/market.

Underserved as defined by Minnesota Housing

- Households of color (individuals and families)
- Single head of households with minor children
- Disabled individuals

Other Populations

- Other special populations as referenced in one or more of the following locations: HTC self-scoring work sheet, page 1 of the Minnesota Multifamily Rental Housing Common Application Form/HTC1 and/or supportive housing narratives.

2. Describe the marketing efforts used to attract and serve the above indicated underserved populations. Also describe the collaboration and partnerships proposed to address the needs of these populations.

\_\_\_\_\_

**Economic Integration**

1. Describe how the development meets one of the following economic integration criteria:
  - The proposed development provides at least 25% but not greater than 80% of the total units in the development with affordable rents at or below 80% AMI.

OR

- The proposed development provides community economic integration by providing housing located in higher income communities that are close to jobs. Economic Integration priority data is located at: [http://www.mnhousing.gov/resources/apply/multifamily/MHFA\\_009339.aspx](http://www.mnhousing.gov/resources/apply/multifamily/MHFA_009339.aspx)

\_\_\_\_\_

**Strategically Targeted Proposals**

1. Describe how the rehabilitation proposal is part of a community revitalization or stabilization plan. Provide evidence from the city verifying the proposed development is included in part of an approved community revitalization area as established by resolution or other legal action.

\_\_\_\_\_

2. For new construction proposals, will existing sewer and water lines be utilized without substantial extensions?  Yes  No

Please explain:

\_\_\_\_\_

**Readiness to Proceed**

1. Describe the status of neighborhood support including any required approval process and the status of these approvals. Provide backup documentation, as applicable.

\_\_\_\_\_

2. Describe any pending site improvements, if applicable.

\_\_\_\_\_

3. Complete the grid below for each committed capital source of funding as referenced in the Minnesota Multifamily Rental Housing Common Application Form/HTC1.

Source of Awarded Funds	Term of Affordability	Income Restriction	Rent Restriction	Type of Unit (0BR, 1BR, 2BR)	No. of Program Units

**General Information**

1. If the proposal includes any non-housing space (i.e. common, commercial, administrative, program, and/or community), describe the intended use and provide information on how the space will be leased, managed and funded (both capital funding and operating costs).

\_\_\_\_\_

2. If the proposal includes market rates units, describe any amenities associated with the development.

\_\_\_\_\_

3. For Housing Tax Credit developments requesting the state designated 30% basis boost, provide clear reasons supporting the request and demonstrate how the proposal meets the criteria established by Minnesota Housing. (Refer to the HTC Program Procedural manual in the Qualified Census Tracts, Difficult Development Area and State Designated Basis Boost section.)

\_\_\_\_\_

4. For existing developments, describe the existing debt and how the new funding will be used.

\_\_\_\_\_

**Cost Reasonableness/Cost Containment**

1. In the current environment of diminishing resources, cost containment efforts are required. Cost containment efforts should be made for all stages and aspects of the development. Describe how the total development cost reflects cost containment efforts made without compromising overall development quality.

\_\_\_\_\_

**Alternative Energy Options**

1. If the proposal includes any alternative energy options such as geothermal, photovoltaic, wind, etc., describe the type of system that is proposed:

\_\_\_\_\_

2. What is the added cost per dwelling unit over more conventional Green Communities Criteria (GCC) compliant, state-of-the-art-efficiency HVAC system?

\_\_\_\_\_

3. Have you conducted an economic feasibility study, including development costs, constructions costs, projected revenues and return on investment, for the proposed alternative energy system?

\_\_\_\_\_

4. Describe at what point in time the system is expected to deliver a payback (e.g. pay for itself) from the annual energy savings?

\_\_\_\_\_

5. What is the life expectancy of the equipment associated with the system? Is the equipment expected to last long enough to deliver the payback as described above?

\_\_\_\_\_

6. If the system requires more electricity to operate, what percent of the power company's electricity is currently derived from renewable sources? Does the power company have any plans to increase percentage of renewable sources to generate electricity? If so, what percentage?

\_\_\_\_\_

7. Are any rebates available from a local utility or other source to help defray a premium cost?

\_\_\_\_\_

8. What is the added cost (or savings) between the alternative energy system and a GCC compliant system with regard to operations, maintenance and special warranty costs over the life of the system?

\_\_\_\_\_

9. Have you conducted a technological feasibility study; including site evaluation, location, site ownership and potential negative environmental impacts, for the proposed alternative energy system?

\_\_\_\_\_

**Supportive Housing Narrative Questions**  
**Complete if all or a portion of the units are supportive housing**

**Who should complete the Supportive Housing Narrative?** Applicants that target all or a portion of their units for people experiencing long term homelessness (LTH), homelessness or at risk of homelessness, including youth, people with disabilities, serious mental illness, HIV/AIDS, and/or other special populations should complete this section. This includes applicants for capital funding for emergency shelters, transitional housing, and permanent supportive housing or housing with linkages, referrals or direct delivery of support services.

To be considered and reviewed as a supportive housing development, or a development with supportive housing units (i.e. LTH units), the responses **below must reflect and demonstrate a joint response** by the developer, primary service providers, and management agents.

Additionally, **both** the (1) County Letter of Confirmation **and** the (2) Certification of Consistency with the local Continuum of Care or Heading Home Plan **must be submitted with the entire RFP application by June 18, 2013**. If either of these documents are not submitted or are submitted after the deadline, the application will not be considered for supportive housing or long term homeless units.

The goal of supportive housing: Provide affordable housing with access to an array of services designed to foster housing stability and improve health and outcomes for the target population.

**Supportive Housing Operating Cost**

1. Are all of the units in the proposed development for supportive housing?  Yes  No
  
2. If yes, please describe the monthly per unit management and operating costs for the proposed development and how it compares to other comparable supportive housing projects. Include front desk costs if the development will have a front desk. Do not include costs related to providing services.  
  
\_\_\_\_\_

**Supportive Housing Rent Structure**

The rents for the supportive housing units should be affordable to the proposed population. Indicate any form of rental or operating subsidy that is currently secured or if pending from another outstanding application. LTH units without a source of subsidy must be underwritten at affordable levels. Refer to the MF Underwriting Guide for specific rent limits. Also note that existing Minnesota Housing Tenant Based Rental Assistance (HTF -LTH or ELHIF) cannot be used as a rental assistance resource for new LTH units. You are strongly encouraged to seek technical assistance from a Supportive Housing Officer well in advance of the RFP due date.

Subsidy Type	# Units	Committed		External application pending, indicate source	Term or Duration of Contract
		Yes	No		
Project Based Section 8 Rent Assistance		<input type="checkbox"/>	<input type="checkbox"/>		
Tenant Based Section 8 Rent Assistance		<input type="checkbox"/>	<input type="checkbox"/>		
HUD CoC Rental Assistance - Project Based		<input type="checkbox"/>	<input type="checkbox"/>		
HUD CoC Rental Assistance - Tenant Based		<input type="checkbox"/>	<input type="checkbox"/>		
HUD CoC Operating Funding		<input type="checkbox"/>	<input type="checkbox"/>		
MN Housing Rent Assistance (HTF, ELHIF RA grants)		<input type="checkbox"/>	<input type="checkbox"/>		
MN Housing Operating Subsidy		<input type="checkbox"/>	<input type="checkbox"/>		
DHS - HSASMI Operating Subsidy		<input type="checkbox"/>	<input type="checkbox"/>		
Group Residential Housing (GRH)		<input type="checkbox"/>	<input type="checkbox"/>		
Veterans Affairs Supportive Housing (VASH):		<input type="checkbox"/>	<input type="checkbox"/>		
Other subsidy type:		<input type="checkbox"/>	<input type="checkbox"/>		
No subsidy: Gross Rent set at affordable levels. Reference the MF Underwriting Guide					
<b>Total # of Supportive Housing Units</b>					

**Tenant Characteristics, Screening Process and Occupancy Requirements**

1. Describe the target population and identify any specific sub-populations (e.g., victims of domestic violence, veterans) for this development/project:  
\_\_\_\_\_
  
2. For each target population, list the specific agencies/organizations from which you will recruit tenants and/or expect to receive tenant referrals to your project.  
\_\_\_\_\_
  
3. **Coordinated Assessment:** Local Continuums of Care will be implementing coordinated assessment over the next two years for all homeless assistance and housing programs. Coordinated Assessment means that people seeking assistance will be assessed for need and best program fit by a centralized and common assessment. The assessor will make referrals to appropriate programs. Assessors may also assess for eligibility and participating providers will be expected to accept referrals (although they may still need to go through the provider’s screening process and wait list procedure). The exact process will be determined by the local COC and participating providers during the planning process. All supportive housing providers are expected to participate in the assessment process developed by the COC and are encouraged to participate in the local planning process.  
**Describe how you will participate in the coordinated assessment planning process and implementation.**  
\_\_\_\_\_
  
4. Describe the current process or policy for the following:
  - a. Tenant eligibility screening process:  
\_\_\_\_\_
  - b. The application process:  
\_\_\_\_\_
  - c. Screening criteria, any disqualifiers, and how traditional occupancy standards will be flexible to lease to the target population (e.g., homeless households with poor credit or rental history, criminal history, etc.):

5. Describe who will complete the following tenant eligibility screening and verification, (i.e. management agent, supportive service provider, etc.):
- a. LTH and/or other homeless eligibility: \_\_\_\_\_
  - b. Disability (if applicable): \_\_\_\_\_
  - c. Income verification or rent eligibility: \_\_\_\_\_
  - d. Credit history, rental history, and criminal history: \_\_\_\_\_
  - e. Other: \_\_\_\_\_
6. Please describe how characteristics outlined below may apply to the proposal, indicate N/A if not applicable.
- a. Will the tenants have their own room or apartment with private bathroom and kitchen? Yes  No   
Please explain: \_\_\_\_\_
  - b. Will the tenants hold a lease or rental agreement and be responsible for paying a portion of rent? Yes  No   
Please explain: \_\_\_\_\_
  - c. Are there limitations on the length of stay? Yes  No   
Please explain: \_\_\_\_\_
  - d. Will the lease terms be the same for all tenants, including those living in supportive housing? Yes  No   
Please explain: \_\_\_\_\_
  - e. Will there be any specific occupancy requirements beyond standard lease terms (such as sobriety or participation in services)? Yes  No   
If yes, please describe the requirements and the rationale: \_\_\_\_\_
  - Will the tenants be required to sign a lease addendum? Yes  No
  - f. Please explain consequences for the tenants if they do not comply with the lease or the lease addendum, including mitigation practices that may prevent eviction: \_\_\_\_\_

**Supportive Housing Model and Services Funding**

1. Describe the proposed supportive housing model (such as Housing First or Program Housing), the rationale for choosing the model and how it will be implemented.

*Reference "Approaches to Housing and Services for Long term Homeless Households" (pgs. 5-6) for more information on housing models. [http://www.mnhousing.gov/idc/groups/public/documents/document/mhfa\\_006896.pdf](http://www.mnhousing.gov/idc/groups/public/documents/document/mhfa_006896.pdf).*

2. Service Delivery

- a. Provide a brief description of how services will be provided to participants, including referrals and services provided by other entities, and reference the services outlined in the service grid in question 3 below.:  

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  - b. Describe how you will engage residents in supportive services:  

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3. Indicate below all supportive services that will be offered, including services provided by the primary service provider and referral resources. *Please see the “Approaches to Housing and Services for Long term Homeless Households” document (pgs. 7-12) for a description of the different service sets.* List specific services for each set (as applicable).

Type of Service	Name of Primary or Other Entity providing service or support	Service available on site? Yes or No	Service available after hours? Yes or No	Budget Amount	Funding Source(s)	Secured? Yes or No
<b>BASIC SERVICE SET</b>						
Case Management*						
Individual/Family Support**						
Housing and Tenancy Supports						
Benefits Assistance						
SOAR services						
Financial Management/Budget						
Independent Living Skills						
Education, Employment Training/Readiness						
Safety						
Community Involvement/Social Support/Recreation						
Health Support						
Parenting Training, Mentoring						
<b>Chemical Dependency Health Services Set</b>						
List:						
<b>Adult Mental Health Services Set (include ACT, ARMHS, CSP, TCM)</b>						
List:						
<b>Co-occurring Disorders Service Set</b>						
List:						
<b>Traumatic Brain Injury Service Set</b>						
List:						
<b>Physical Disability Service Set</b>						
List:						
<b>CHILDREN'S SERVICE SET (education, truancy, behavioral health, etc.)</b>						
List:						
<b>Service Provider Supervision</b>						
Other:						
Other:						
<b>Tenant Service Coordinator</b>						
<b>Front Desk</b>						
<b>Security</b>						
Other:						

\*Case Management as defined by the Interagency Task Force on Homelessness at: [http://www.mnhousing.gov/idc/groups/public/documents/document/mhfa\\_006070.pdf](http://www.mnhousing.gov/idc/groups/public/documents/document/mhfa_006070.pdf)

\*\*Individual/Family Support means supportive services to the individual or household that does not meet the full case management definition

NOTE: The Family Homelessness Prevention and Assistance Program (FHPAP) funds cannot be utilized as a funding source for permanent supportive housing services or operations.

Mainstream resources for services:

- a. Is the service provider an enrolled Medical Assistance (MA) service provider? Yes  No   
 if yes, indicate types of services:  
 ARMHS  TCM  Waivered Services (TBI, CADI, etc.)
- b. Does the service provider have an ACT team or utilize ACT services? Yes  No
- c. Is this service provider interested in becoming a contracted ARMHS or TCM provider, or learning how to bill Medicaid for services under the Reform 2020 waiver proposal for housing stabilization services? Yes  No
- Comments: \_\_\_\_\_

**Supportive Housing Outcome Goals**

1. Describe planned participant outcomes and how they will be measured including data collection methods, for example: housing stability, increased income, health, education and employment, etc. **Note that housing stability is a required outcome measure.**

Housing Stability Outcome Goal(s)	Indicators/Measures	Data sources and measurement tools
<i>Example: Long term homelessness households will maintain stable housing.</i>	<i>90% of households will maintain housing for six months or more.</i>	<i>HMIS length of stay data.</i>

Other Outcome Goals	Indicators/Measures	Data sources and measurement tools
<i>Example: Maximize income and benefits for all households</i>	<i>95% of households will apply for all benefits for which they are eligible within 6 months of program entry</i>	<i>Case records, tracking worksheet, HMIS income data</i>

2. Demonstrated success: please share participant/program outcomes and success stories from similar projects.
- \_\_\_\_\_

**Supportive Housing Staffing: Roles and Responsibilities**

1. Describe the support service staffing positions and responsibilities directly related to the proposed development or program.

# of Staff	Position Type	Responsibilities	% FTE	# Clients	Proposed funding Source

2. Describe the property management staffing positions and responsibilities directly related to the proposed development.

# of Staff	Position Type	Anticipate d Hours on site Mgmt. Staff	Anticipate d Hours off site mgmt. staff	Responsibilities	% FTE	Proposed funding Source

3. Will the development have a staffed front desk or on-site security? Yes  No   
 If yes, please describe below:

# of Staff	Position Type	Anticipated Hours per day	Responsibilities	% FTE	Proposed funding Source

\_\_\_\_\_

4. Please describe the partnership between the owner, property Management Company and the service provider and any previous experience working together.

\_\_\_\_\_

5. The Self Sufficiency Matrix Assessment is a required assessment and measurement tool for all LTH Supportive Housing Programs (see [http://www.mnhousing.gov/initiatives/housing-assistance/housing/MHFA\\_010777.aspx](http://www.mnhousing.gov/initiatives/housing-assistance/housing/MHFA_010777.aspx) for more information). Please indicate which staff will complete the assessments with participants:

\_\_\_\_\_

6. Utilization of the Homeless Management System (HMIS) is required for permanent supportive housing developments and programs that serve people experiencing long term homelessness. Describe who will be responsible for HMIS data collection, data entry and reporting.

\_\_\_\_\_