



**CITY OF PASSAIC**  
**HOME INVESTMENT PARTNERSHIP PROGRAM**  
**(HOME)**  
**2016-17 FUNDING APPLICATION**

**Mayor**

Dr. Alex D. Blanco

**City Council**

Gary Schaer, President

Jose Garcia

Thania Melo

Chiam M. Munk

Terrance L. Love

Zaida Polanco

Daniel J. Schwartz

**Business Administrator**

Ricardo Fernandez

**Community Development Director**

Ronald Van Rensalier

# HOME Program

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## About the Program

The HOME Investment Partnerships Program (HOME) provides formula grants to States and localities that communities use - often in partnership with local nonprofit groups - to fund a wide range of activities including building, buying, and/or rehabilitating affordable housing for rent or homeownership or providing direct rental assistance to low-moderate income people.

## The Objective

The Primary Objective of the HOME program is to create safe, decent, affordable living environments for low-moderate income persons. HOME funds can be used to finance a wide variety of affordable housing activities that generally fall into four categories: rehabilitation of owner-occupied housing; assistance to home buyers; acquisition, rehabilitation, or construction of rental housing; and tenant-based rental assistance. Projects that use HOME funding must meet certain income targeting and affordability requirements. Specifically, all HOME-assisted housing units must benefit households with incomes at or below 80% of area median income. HOME-assisted housing must also meet certain definitions of affordability and must continue to remain affordable to low-income households for a specified period of time. The specific affordability requirements vary according to the type of activity for which funds are used and the amount of HOME funding contributed to the project.

## Project & Activity Qualifications

To qualify for HOME funding, proposed projects and activities must satisfy the following criteria:

- Principally benefit low-moderate income persons ( as defined by American Fact Finder.gov)
- Create affordable housing units for special needs population
- Acquisition and/or new construction and/or rehabilitation of affordable housing units for low-moderate income individuals/families

## Activity Eligibility

HOME Program rules and regulations specify eligible activities as follows:

- Rehabilitation of Owner-Occupied Housing. Funds may be used to help existing homeowners repair, rehabilitate, or reconstruct their homes.
- Assistance to Home Buyers. Funds may be used to help home buyers acquire, acquire and rehabilitate, or construct homes. For example, down payment assistance is an eligible use of funds under this category Rehabilitation and Preservation
- Rental Housing Activities. Funds may be used to help developers or other housing organizations acquire, rehabilitate, or construct affordable rental/home ownership units of housing.

# APPLICATION -Due 2/19/16

## Section I – General Information

### APPLICANT INFORMATION

**Contact Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

### ORGANIZATIONAL INFORMATION

**Organization Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Executive Officer:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**DUNS#:** \_\_\_\_\_ **Tax ID #:** \_\_\_\_\_

Is your organization a 501 (c)(3) non-profit?  Yes  No (if yes, please provide a copy of the State and Federal Tax exemption letter with this application)

Is your organization a governmental agency?  Yes  No

Does your agency owe any taxes or other debts to the City of Passaic?  Yes  No

If yes, describe debt owed and amount: \_\_\_\_\_

### ACTIVITY INFORMATION

Activity Name:	
Activity Costs:	Amount of funds Requested: \$
Source of Other Funds ( Type)	Amount of other sources:
1.	\$
2.	\$
3.	\$
Activity Overview (attach summary sheet as necessary):	
Activity Start Date:	Activity End Date:
Target Population ( Census Tract/area of activity):	Number of Participant to be served:

I hereby certify that all information and documentation submitted as part of this proposal to be correct and true to the best of my information knowledge and belief:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SECTION II — ACTIVITY ELIGIBILITY**

**HOME NATIONAL OBJECTIVES ( Check one)**

- Rehabilitation of Owner-Occupied Housing. Funds may be used to help existing homeowners repair, rehabilitate, or reconstruct their homes.
- Assistance to Home Buyers. Funds may be used to help home buyers acquire and/or rehabilitate, or construct homes.
- Rental Housing Activities. Funds may be used to help developers or other housing organizations acquire, rehabilitate, or construct affordable rental housing.

**CLIENT DEMOGRAPHICS**

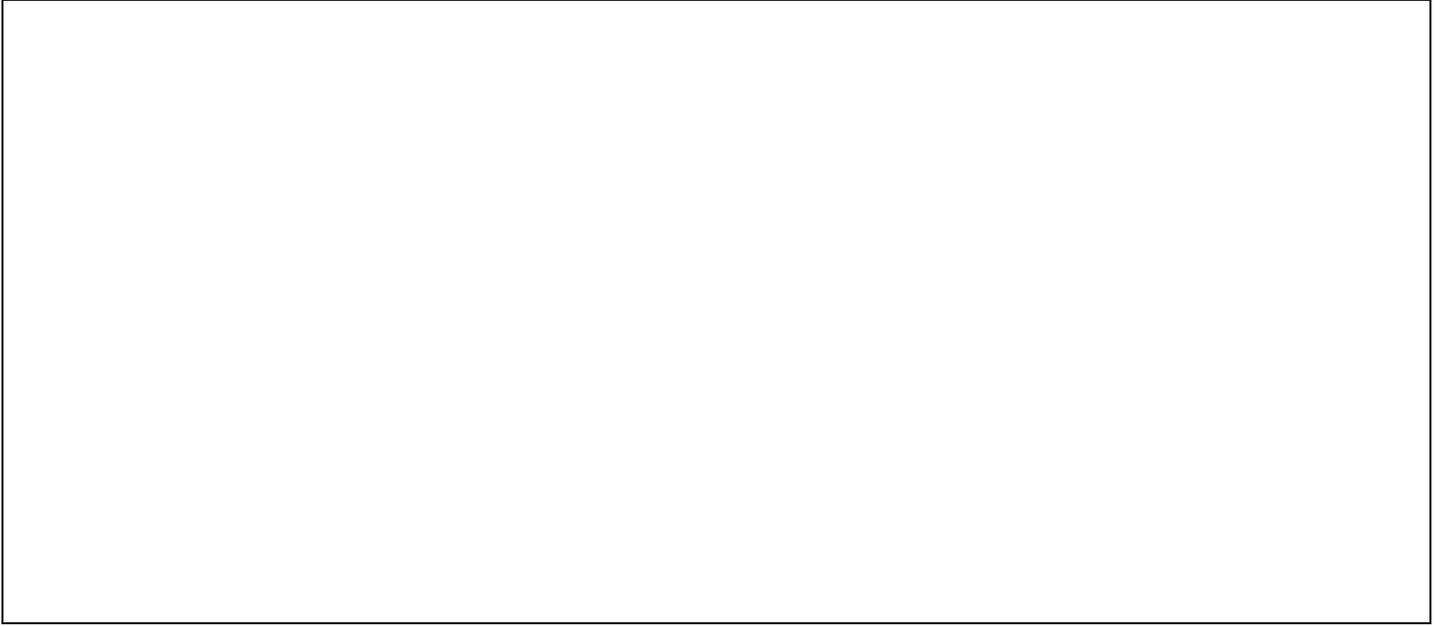
Please complete the following tables to show the number of clients in each category for your activity. Current income limits can be found at <https://www.hudexchange.info/onecpd>

**Number of Persons or Households served, Income Group**

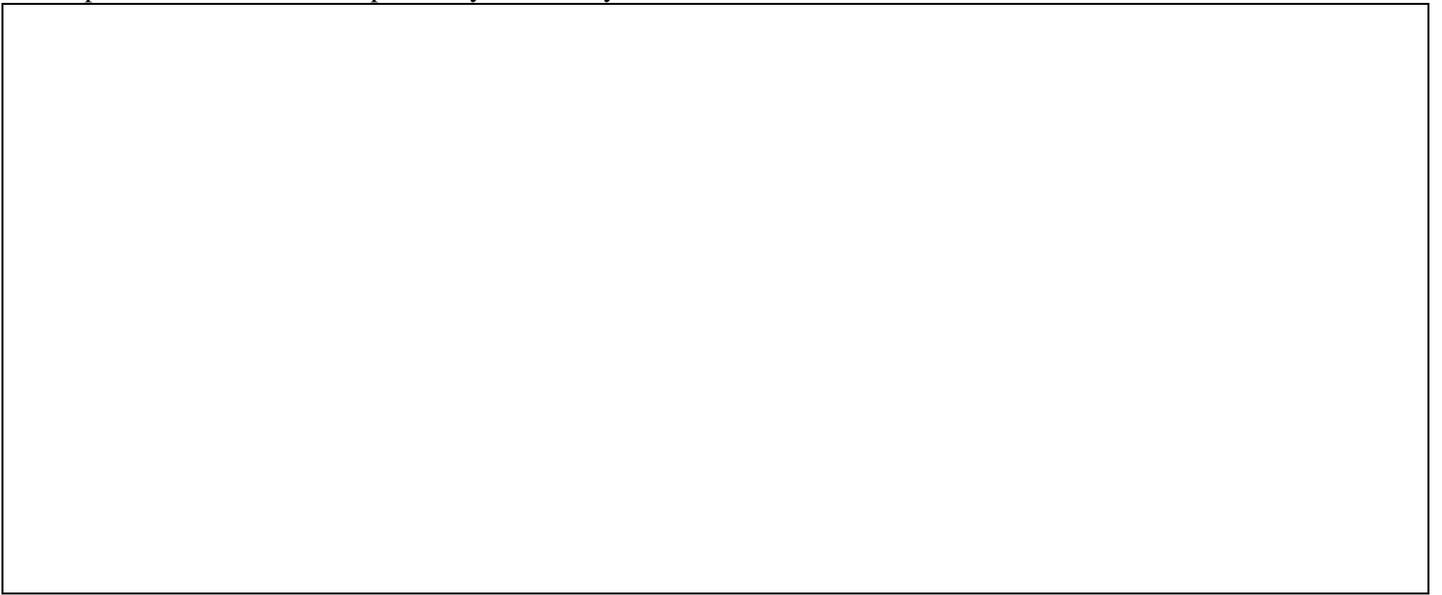
	<b>Extremely Low Income Level &lt;30% of Median</b>	<b>Very Low income level &lt;50% of Median</b>	<b>Low Income Level &lt;80% of Median</b>	<b>At or above Income level = or &gt; 80% Median</b>	<b>Total</b>
<b>Persons</b>					
<b>Households</b>					

**Section III Narratives:**

Describe how your proposal will accomplish the specific objective(s) checked above:



Please provide a detailed description of your activity:



Geographical area(s) served (be as specific as possible):

City funds must be spent entirely within the City, and all people directly served with City **HOME** funds must be City residents. Will any people living outside the City be directly served under this Activity?

Yes\*  No \*If Yes, what other funds will be used to serve this population?

Please describe how you will collaborate with other entities on this activity:

Please explain how your clients will provide evidence and verification of their eligibility and income:

**TIMETABLE**

Identify the implementing stages and completion for the proposed activity:

**Actions needed**

**Target Completion Date**

<b>Actions needed</b>	<b>Target Completion Date</b>

**SECTION IV - PERFORMANCE MEASUREMENTS**

Number of Affordable Units (Proposed): \_\_\_\_\_ HOMEOWNER UNITS \_\_\_\_\_ RENTAL UNITS \_\_\_\_\_

Number of Multi-family Projects (Proposed): \_\_\_\_\_ HOMEOWNER UNITS \_\_\_\_\_ RENTAL UNITS \_\_\_\_\_

**SECTION V - BUDGET**

HOME Funds Requested	Other Funding \$\$ and Source(s)	Total

**CONTINGENCY PLAN**

What is your organization's contingency plan if your agency does not receive the requested HOME funding, or receives less than the amount requested?

## APPLICATION CHECKLIST

**You must provide a copy of the following sections in the order listed**

- Application and all pertaining information** - complete and sign the application.
  
- Non-profit status verification** — include your proof of non-profit status with an official document (copy) from the Internal Revenue Service (IRS), DUN and BRADSTREET NUMBER (DUNs), TAX ID Number.
  
- Board of Directors** — Provide a list of the Board of Directors or equivalent and their respective contact information (telephone numbers and addresses).
  
- Bylaws** — provide a copy of the organization's current bylaws or equivalent. 111 Organizational Chart or Organization Structure.
  
- Organization's total fiscal budget (current year) and most recent audit**
  
- Certificate of Incorporation-** include State Business Registration Certificate and license
  
- Additional information** — if you feel the questions or information required by the application are not sufficient to describe your Activity completely, feel free to submit additional information. Plus attach any letters of support or other applicable information, if needed.

### Questions about this application

If you have questions about this application, please contact:

Cathleen Rivera 973-365-5613 (crivera@cityofpassaicnj.gov)

## Submission of this application

All application should be submitted to the following person via mail or email

**Application Deadline:** **by Mail 2/19/2016 3:00 pm (fill out, print, mail)**  
**by Email 2/19/2016 12 pm (fill out, save, and attach to email)**

Cathleen Rivera  
City of Passaic  
330 Passaic St  
Passaic, NJ 07055  
Community Development  
Main: 973-365-5613  
Fax: 973-365-5552  
[crivera@cityofpassaicnj.gov](mailto:crivera@cityofpassaicnj.gov)