

FHA Form No. 2013-C

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
 FEDERAL HOUSING ADMINISTRATION
SUPPLEMENTAL APPLICATION AND PROCESSING FORM
HOUSING FOR THE ELDERLY
 (SEE INSTRUCTIONS ON REVERSE)

Form Approved
 OMB No. 43-81378

- CONGREGATE
 NON-CONGREGATE
 MIXED

Project Name _____ Project Number _____

A. NON-RENT CONGREGATE LIVING SPACE AREAS:			
KIND OF SPACE -	AREA - SQ. FT.	KIND OF SPACE	AREA - SQ. FT.
1. Congregate Kitchen and Dining		5. Infirmary or Health Facility	
2. Lobbies		6. Other	
3. Community Room		7. Other	
4. Hobby Shop		8. TOTAL SQUARE FEET	

B. PROJECT COMPOSITION:			
1. NUMBER OF BEDROOMS	2. TOTAL NUMBER OF UNITS	3. NUMBER OF UNITS WITH KITCHENS	4. NUMBER OF UNITS WITH KITCHENETTES
0-Bedroom Units			
1-Bedroom Units			
2-Bedroom Units			

C. FOOD SERVICE	ANNUAL EXPENSE		D. HEALTH SERVICE	ANNUAL EXPENSE	
	Sponsor	HUD		Sponsor	HUD
1. Payroll - Number of cooks _____ X Salary \$ _____ Number of waitresses _____ X Salary \$ _____ Number of helpers _____ X Salary \$ _____	\$ _____	\$ _____	1. Nursing Payroll - Number of Nurses _____ X Salary \$ _____	\$ _____	\$ _____
2. Food Cost _____	\$ _____	\$ _____	2. Equipment Expense: a. Repl. Res: 10% X Equipment Cost \$ _____	\$ _____	\$ _____
3. Supplies _____	\$ _____	\$ _____	b. Int. on Inv: _____ % Int. Rate X Cost \$ _____	\$ _____	\$ _____
4. Dining Room Furniture Expense a. Repl. Res: 10% X Equipment Cost \$ _____	\$ _____	\$ _____	c. Maintenance and Repairs _____	\$ _____	\$ _____
b. Int. on Inv: _____ % Int. Rate X cost \$ _____	\$ _____	\$ _____	3. Medical Supplies _____	\$ _____	\$ _____
c. Maintenance and Repairs _____	\$ _____	\$ _____	4. Utilities _____	\$ _____	\$ _____
5. Other (Specify) _____	\$ _____	\$ _____	5. Laundry Service _____	\$ _____	\$ _____
6. Other (Specify) _____	\$ _____	\$ _____	6. Other (Specify) _____	\$ _____	\$ _____
7. TOTAL FOOD SERVICE EXPENSE	\$ _____	\$ _____	7. TOTAL HEALTH SERVICE	\$ _____	\$ _____
8. Average Number of Persons using Service _____			8a. No. of Beds in Infirmary _____		
9. Proposed Charge per Person per Month _____	\$ _____	\$ _____	8b. No. of Persons using Service _____		
			9. Proposed charge per Month per Patient _____ Person _____	\$ _____	\$ _____

E. MAID SERVICE:	ANNUAL EXPENSE		F. FURNITURE IN UNITS:	ANNUAL EXPENSE	
	Sponsor	HUD		Sponsor	HUD
1. Payroll - Number of maids _____ X Salary \$ _____	\$ _____	\$ _____	1. Furniture Expense when Leased	\$ _____	\$ _____
2. Supplies _____	\$ _____	\$ _____	2. Furniture Exp. if not leased: a. Repl. Res: 10% X Furniture Cost \$ _____	\$ _____	\$ _____
3. Other (Specify) _____	\$ _____	\$ _____	b. Int. on Inv: _____ % Int. Rate Rate X Cost \$ _____	\$ _____	\$ _____
4. Other (Specify) _____	\$ _____	\$ _____	c. Maintenance and Repairs _____	\$ _____	\$ _____
5. TOTAL MAID SERVICE	\$ _____	\$ _____	3. TOTAL FURNITURE EXPENSE	\$ _____	\$ _____
6. Average Number of Units using Service _____			4. Number of Units Furnished _____		
7. Proposed Charge per Unit per Month _____	\$ _____	\$ _____	5. Proposed Charge Per Unit per Month to cover Furniture Rent _____	\$ _____	\$ _____

G. OTHER NON-SHELTER SERVICES:	ANNUAL EXPENSE		4. Chg. per Person (Unit) for Item 1 <th colspan="2">ANNUAL EXPENSE</th>	ANNUAL EXPENSE	
	Sponsor	HUD		Sponsor	HUD
1. Program & Activities Payroll _____	\$ _____	\$ _____	5. Chg. per Person (Unit) for Item 2	\$ _____	\$ _____
2. Other (Specify) _____	\$ _____	\$ _____	6. Chg. per Person (Unit) for Item 3	\$ _____	\$ _____
3. Other (Specify) _____	\$ _____	\$ _____			

H. REMARKS:

OFFICIAL USE ONLY

**INSTRUCTIONS FOR COMPLETION OF FORM NO. 2013-E SUPPLEMENTAL APPLICATION
AND PROCESSING FORM - HOUSING FOR THE ELDERLY**

FOREWORD TO INSTRUCTIONS: Form 2013-E must accompany Form 2013, Application - Project Mortgage Insurance, for each project intended to provide housing for the elderly.

Preparation of the Forms 2013 and 2013-E must separate the budget for shelter (and utilities included in the rent) from other budgets concerned with supplying services other than shelter, such as food service, maid service, program and recreation service, rented furniture, and any other non-shelter services which may be planned. The non-shelter budgets concerned with supplying food, furniture, maid service, and other personal services are shown on the Form 2013-E.

Form 2013-E must accompany all requests for feasibility analysis, conditional and firm commitments.

DEFINITIONS

An elderly person is defined as one who is age 62 or over. A handicapped person is one whose physical impairment (a) is expected to be of extended and indefinite duration; (b) substantially impedes his ability to live independently; and (c) is such that his ability to live independently could be improved by more suitable housing.

Congregate Housing is designed for persons, normally well and ambulatory, who prefer residential accommodations but need some assistance in day-to-day living. While not a nursing or medical facility, it offers services that protect residents and provide for their needs.

Congregate housing projects have a central dining room generally serving three meals a day, with emergency room service available. There are common areas for lounges, recreation, special activities; limited housekeeping and laundry services may be provided. Some projects have an infirmary with personnel qualified to control and administer medications.

INSTRUCTIONS

Projects having congregate dining facilities with only kitchens in the living units, are checked in the box marked "CONGREGATE." Projects having no congregate dining facilities, but having full sized kitchens in the living units are checked in the box marked "NON-CONGREGATE." Projects having congregate dining facilities and having some living units with complete sized kitchens, are checked in the box marked, "MIXED."

Section A. Non-Rent Congregate Living Space Areas. Enter the net area, in square feet, for various kinds of non-rent congregated living space shown, such as, congregated kitchen and dining, lobbies, community rooms, hobby shop, infirmary, or other non-rented common buildings area. When plans are available, these net areas should be calculated from the plans. Congregate dining facilities should be large enough to serve the probable total number of diners within a single meal period, but not necessarily at a single sitting. The number of diners shall be estimated to include all of the occupants of the units having kitchen-ettes only, plus a reasonable portion of the occupants of units with full kitchens.

Section B. Project Composition. For each number of bedrooms enter in Column 2 the total number of units. In Column 3, enter the number of units with complete kitchens. In Column 4 enter the number of units with kitchenettes, only.

Non-Shelter Income and Expense Budgets. Sections C through G contain budgets of income and expense for furnishing various non-shelter services. The sponsor enters his estimates of items of income and expense for each budget in the columns headed "Sponsor," then using Form 2013-E as a supplemental application form. Subsequently, copies of the same form will be used as a processing form, with HUD personnel entering estimates in the columns headed, "HUD."

Section C. Food Service: Annual Expenses. Line C-1. Estimate the number of meals times the average annual salary. The number of waitresses, and other employees needed to operate the dining room are also estimated to arrive at payroll, including payroll tax. When the food service operation is large or complex, a detailed explanation of kinds of staff, number of employees, rate of pay, payroll tax, and total payroll for food service, should be shown in an attachment. The annual food cost and cost of supplies is also entered.

Line C-4a. Dining room furniture expense includes an annual reserve for replacement of dining room furniture and equipment. Estimate the replacement reserve by multiplying furniture cost by 10%.

Line C-4b. Return on investment in dining room furniture and equipment is estimated by multiplying the furniture cost by the market interest rate for similar investments.

Line C-4c. Enter the estimated annual allowance for maintenance and repairs to the furniture.

Line C-7. Show the total annual food service expense.

Line C-8. Estimate the probable number of tenants customarily using the congregate dining facility.

Line C-9. Enter the proposed charge per person per month for food service. This charge should be sufficient to provide an annual income of at least 2% more than the total food service expense estimated in Line C-7. If a food service concessionaire is contemplated, the proposed terms of the concession shall be completely explained in an attachment.

Section D. Health Service: Annual Expenses. Line D-1. Enter the anticipated number of nurses needed times the average salary including payroll tax. If the health service operation is large or complex, the sponsor should submit a more detailed estimate of health service payroll in an attachment.)

Line D-2. Equipment expense includes an annual reserve for replacement of beds and other furniture and equipment in the infirmary.

Line D-2a. Estimate the replacement reserve by multiplying equipment cost by 10%.

Line D-2b. Return on investment in equipment is estimated by multiplying the furniture cost by the market interest rate for similar investments.

Line D-2c. Enter the estimated annual allowance for maintenance and repairs to the equipment.

Line D-3, 4, 5 and 6. Enter the annual amounts to be expended for medical supplies, utilities, laundry or linen service, and other expenses of the health service facility.

Line D-7. Enter the sum of Lines D-1 through D-6. This represents total health service expense.

Line D-8a. Enter the number of beds in the infirmary.

Line D-8b. Enter the average number of patients in the infirmary.

Line D-9. Enter the proposed charge per patient or per person. Indicate method of payment.

Section E. Maid Service: Annual Expenses. Line E-1. Enter the number of maids multiplied by the average annual salary to result in annual payroll.

Line E-2. Enter the annual expense for cleaning supplies.

Line E-3 and 4. If clean sheets are to be provided as part of this service the word "Laundry" is entered after "other" followed by the annual amount of this expense. Enter other expenses of supplying maid service.

Line E-5. Enter the sum of Lines E-1 through E-4. This represents total maid service expense.

Line E-6. Enter the estimated number of units using this service.

Line E-7. Enter the proposed charge per unit to cover this service.

Section F. Furniture in Living Units. Line F-1. Indicate the amount of total annual payments to the leasing company when furniture for some or all of the living units is obtained by the mortgagee by leasing it.

Line F-2a. The renting of furniture by the tenant must be optional and not a condition of occupancy. For those units in which the project owns the furniture, furniture expense includes an annual reserve for replacement of living unit furniture. Estimate the replacement reserve by multiplying furniture cost by 10%.

Line F-2b. Return on investment in furniture is estimated by multiplying furniture cost by the market interest rate for similar investments.

Line F-2c. Enter the estimated annual allowance for maintenance and repairs to the furniture.

Line F-3. Enter the Total Furniture Expenses.

Line F-4. Indicate the number of units furnished by the mortgagee.

Line F-5. Enter the proposed charge per unit per month to cover the furniture expense.

Section G. Other Non-Shelter Services: Line G-1. Enter the salaries of persons employed to furnish guidance and recreation during the leisure time of an elderly person's occupancy in the project.

Lines G-2 and G-3. Enter the amounts covering any other service or facility included in the proposal that would contribute to the health, comfort and recreation of elderly persons, and specify.

Lines G-4, 5 and 6. Enter the charges per person or unit for the respective service or facility.

Section H. Remarks: Self Explanatory.