

SECTION 202/8
INDEPENDENT REVIEW OF HAP CONSISTENCY

Application No.: _____
Housing Assistance Plan Locality: _____
Housing Assistance Plan Period Applicability: _____

Note: Regulations concerning this review are found in Sections 891.205(c) and 891.206 of 24 CFR Part 891, Review of Applications for Housing Assistance and Allocation of Housing Assistance Funds.

PART I - INITIAL DETERMINATION

Section A - Application Composition, Previously-Funded Projects, and HAP Goals.

Enter the number of dwelling units in the appropriate columns.

1. Household Type(s) of the Proposal

Household Type	Elderly/ Handicapped	Small Family	Large Family	Total
Number of Units				

2. Previously-Funded Projects - Applicable to the 3-year HAP Goals

Project Number	Household Type(s)		
	Elderly/ Handicapped	Small Family	Large Family
Total			

Project Number	Housing Type
Total	

3. Applicable 3-year HAP Goals for HUD-Assisted Rental Housing

household type			Housing Type		
Elderly/ Handicapped	Small Family	Large Family	New Const.	Sub Rehab.	Existing Regular Mod-Rehab

Section B - Consistency with the HAP

1. The number of units in the applications is consistent with (does not exceed) the 3-year HAP goals for assisted rental housing by housing type and by household type.

Yes (Go to Question 2) No - Application is Inconsistent
(Go to Question 3)

2. The number of units in the application, taken together with other previously-funded projects, is consistent with (does not exceed) the 3-year HAP goals for assisted rental housing by housing type and by household type.

Yes (Go to Question 6) No - Application is Inconsistent
(Go to Question 3)

3. The proposed site is in a locality which is required to emphasize a particular household type, pursuant to Section 570.306(c)(1)(B), other than the household type(s) in the application.

Yes (Go to Section C) No (Go to Question 4)

4. The application, taken together with other previously-funded projects and considering anticipated allocations during the balance of the applicable 3-year HAP period, would make it likely that the housing assistance provided in the 3-year period would not be proportionate to the 3-year HAP goals by household type.

Yes (Go to Section C) No (Go to Question 5)

5. The application, alone or taken together with other previously-funded projects, exceeds the 3-year HAP goals by:

20 percent or less (HUD approval requires a written statement pursuant to 891.206(a).) More than 20 percent (HUD approval requires a HAP amendment submitted in accordance with 570.312(b), pursuant to 891.206(b).)
(Go to Section C)

6. The proposed site is located within the general location(s) specified in the HAP.

Yes (Go to Question 7)

No - Application is Inconsistent
(Go to Section C)

7. The application is consistent with any other limiting factors set forth in the HAP.

Yes

No - Application is Inconsistent
(Explain)

(Go to Section C)

Section C - Initial Determination

The application is by itself and taken together with previously-funded projects:

1. Consistent with the HAP.

2. Inconsistent with the HAP because it:

a. Exceeds the 3-year goals by

(1) Housing type

(2) Household type

b. Is not within general location(s).

c. Is not in agreement with other limiting factors.

PART II - LOCAL GOVERNMENT COMMENTS

1. The local government submitted written comments within the comment period.

Yes - Date: _____

No - Date of Expiration of Comment Period: _____

2. The local government comments regarding the application indicated:

a. Objection on the grounds of inconsistency with the HAP based on:

(1) The proposed number of units exceeds the 3-year HAP goals for HUD-assisted rental housing by housing type or household type.

- (2) The proposed location is not within the general locations specified in the HAP, and is objectionable for specified reasons.
- (3) The application is inconsistent with other limiting factors set forth in the HAP.

(Go to Question 3)

- b. Objection for other reasons. (Explain)
(Go to Part III)
- c. No objection/general support.
(Go to Question 4)
- d. Support for exceeding the HAP goals.
(Go to Question 5)

3. The local government's objection is in agreement with EMAD's initial determination in Part I, Section C.

Yes No (Explain)

(Go to Part III)

4. The local government's non-objection/general support of the application is in agreement with EMAD's initial determination in Part I, Section C.

Yes No (Explain)

(Go to Part III)

If the local government's comments on the application support exceeding the HAP goals, complete Question 5 and Questions 6 and 7 if the application exceeds the HAP goals by 20 percent or less or Question 8 if the goals are exceeded by more than 20 percent.

5. The proposed site is in a locality which is required to emphasize a particular household type, pursuant to Section 570.306(c) (1) (B), other than the household type(s) in the applications (See Part I, Section B.5.)

Yes (Go to Part III) No (Explain)

6. The local government's comments include a written statement pursuant to Section 891.206(a) and 891.205(c).

Yes (Go to Question 7) No (Go to Part III)

7. A. The written statement validly indicated and documented the need for the assistance, availability of services and facilities, and its approval of the application.

Yes (Go to Question 8) No (Go to Part III)

B. Is this application necessary:

(1) To obtain a project of feasible size and type?

Yes No

OR (2) To meet urgent, unforeseen needs?

Yes No

OR (3) To utilize residual contract authority?

Yes No

AND Will the approval of the application result in a disproportionate distribution by household type?

Yes No

(Go to Part III)

8. A. The local government's comments included the submission of an amendment to its HAP (pursuant to Section 570.312(b)) as per Section 891.206(b).

Yes No (Go to Part III)

B. The subject amendment in A. has been approved:

Yes - Date: _____

No

PART III - FINAL DETERMINATION

Based on the initial determination and the local government comments, the independent review indicates that the application is consistent with the applicable HAP.

Yes

No

PART IV - SUMMARY OF THE INDEPENDENT REVIEW

The application was found to be ___ consistent ___ inconsistent with the applicable approved Housing Assistance Plan for the following reason(s).

(NOTE: Statement of reasons must be adequate for direct incorporation into the body of the letter regarding HAP consistency which is to be sent to the local government.)

Four horizontal lines for providing reasons for consistency or inconsistency.

Signature of Reviewer

Date

4571.1 REV-2
APPENDIX 9-1

SECTION 202/8
INDEPENDENT DETERMINATION OF NEED FOR HOUSING ASSISTANCE
AND ADEQUACY OF PUBLIC FACILITIES AND SERVICES

INSTRUCTIONS

- 1. This form includes two detachable sections to be completed simultaneously by the following reviewing offices during technical processing for each application. The final determination will take into consideration any local government comments received and should not be completed until comments are received or expiration of the comment period.

EMAD - Section A
Valuation - Section B

- 2. Upon completion of Sections A and B, the completed sections will be attached to the findings memorandum.

4571.1 REV-2

APPENDIX 9-1

SECTION 202/8
INDEPENDENT DETERMINATION OF NEED FOR HOUSING ASSISTANCE
AND ADEQUACY OF PUBLIC FACILITIES AND SERVICES

SECTION A - ECONOMIC AND MARKET ANALYSIS DIVISION

Application No.: _____
Location: _____

1. This application is for a project to be located in a locality with an approved Housing Assistance Plan, but in accordance with Section 891.201(c), is not subject to a HAP consistency review.

Yes

No

2. Independent review indicates that there is a need for the proposed housing.

Yes

No (Explain)

3. The local government submitted written comments within the comment period which indicated that there is a need for the proposed housing.

Yes

No

No comments

4. Other relevant comments were received from the local government.

Yes (Describe briefly)

No

Remarks:

3/83

Page 2

4571.1 REV-2

APPENDIX 9-1

DETERMINATION:

It has been determined that there (is/is not) a need for the proposed housing.

Signature of Reviewer

Date

Signature of Approving official

Date

Page 3

3/83

4571.1 REV

APPENDIX 9-1

SECTION 202/8
INDEPENDENT DETERMINATION OF NEED FOR HOUSING ASSISTANCE
AND ADEQUACY OF PUBLIC FACILITIES AND SERVICES

SECTION B - VALUATION

Application No.: _____

Location: _____

- 1. Independent review indicates that there are or will be adequate facilities and services to serve the proposed housing.
 Yes
 No (Explain)

- 2. The local government submitted written comments within the comment period which indicated that there are or will be adequate facilities and services to serve the proposed housing.
 Yes
 No
 No comments

- 3. Other relevant comments were received from the local government.
 Yes (Describe briefly)
 No

Remarks:

4571.1 REV-2

APPENDIX 9-1

DETERMINATION:

It has been determined that there (are/are not) adequate facilities and services to serve the proposed housing.

Signature of Reviewer

Date

Signature of Approving Official

Date