

SECTION 811 CAPITAL ADVANCE  
APPLICATION FOR FUND RESERVATION  
TECHNICAL REVIEW SHEETS

Instructions:

1. The attached contains 8 separate suggested technical review sheets for use by the reviewing disciplines during technical processing at the fund reservation stage. The review sheets provide for:
  - the assignment of recommended rating points by the reviewing discipline for the Section 811 Rating Panel
  - identification of all required findings and applicable program instructions
  - identification of substantive comments by the reviewer.
2. Review Disciplines Summary: MHR shall complete the following:

Reviewing Office	Recommendation 1/	
	Acceptable	Not Acceptable
MHR	_____	_____
MC	_____	_____
A&E	_____	_____
VAL	_____	_____
EMAS	_____	_____
FH&EO	_____	_____
HM	_____	_____
CPD*	_____	_____
STATE AGENCY**	_____	_____

- \* Application shall be sent to CPD for review only if relocation is involved.
  - \*\* The Technical Review Sheet at the end of Appendix 19 may be used by the appropriate State Agency that will be reviewing the Sponsor's application with an emphasis on the supportive services plan.
- 1/ If an application receives a "not acceptable" recommendation, it should not be considered by the Rating Panel.

Section 811 - Supportive Housing for Persons with Disabilities

TECHNICAL REVIEW SHEET

Multifamily Housing Representative

Sponsor Name/City/ST: \_\_\_\_\_

Project Address: \_\_\_\_\_

Project Number: \_\_\_\_\_

////////////////////////////////////

Criterion 1. Ability of Sponsor to Develop and Operate Housing on Long-Term Basis - 20 pts.

- (a) The scope, extent and quality of the Sponsor's experience in providing housing or supportive services to proposed disabled population.

Rating: \_\_\_\_\_ (5 point maximum)

Does the Sponsor have experience in providing housing, services, or both? Briefly describe the experience (No. of years, type of housing/services and in what capacity?).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the Sponsor's application commensurate with its experience? Explain.

\_\_\_\_\_

\_\_\_\_\_

(MHR - continued)

Project No. \_\_\_\_\_

Is the above experience associated with the client group for which the housing is proposed? If not, what was the client group?

\_\_\_\_\_

- (b) The scope, extent and quality of Sponsor's experience in

providing housing and/or supportive services to minority persons or families and opportunities for minority and women-owned business enterprises participation,

Rating: \_\_\_\_\_ (5 point maximum) (THIS IS ADVISORY ONLY - FOR USE BY FHEO)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (c) The extent of local community support for the Sponsor and its activities, including providing housing and/or supportive services in area where project is to be located, and Sponsor's demonstrated ability to enlist volunteers and local funds for its efforts.

Rating: \_\_\_\_\_ (2 point maximum)

How has Sponsor elicited support for its activities from the local community and what has been its track record in doing so?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4571.2

APPENDIX 19

(MHR continued)

Project No. \_\_\_\_\_

Has the Sponsor provided services through volunteer programs or obtained programs through community service agencies? If yes, briefly describe types of activities, period of involvement and size of client group.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there strong evidence of support for the Sponsor and for the project from the community in which the project will be located? Describe the source(s) of support.

\_\_\_\_\_

---

---

Criterion 5. Provision of Supportive Services - 20 pts.

(NOTE: The supportive services plan should also be reviewed by a representative of the appropriate state/local agency. The results of that review should be considered when the MHR completes its review.

- (a) Services will be provided on a consistent, long-term basis - strength of funding sources.

Rating: \_\_\_\_\_ (10 point maximum)

6/91

Page 4

---

4571.2

APPENDIX 19

(MHR - continued)

Project No. \_\_\_\_\_

Did the Sponsor include a letter of intent from each agency that will be providing services indicating a source and commitment of funding?

Yes                      No                      (If NO, the application must be rejected.)

What is the source(s) of funding?

---

Will the funding be sufficient to support the services both in terms of quantity and reliability? Explain.

---

---

For what term is the commitment?

---

---

What agency(s) will provide the services?

---

---

---

4571.2

APPENDIX 19

(MHR - continued)

Project No. \_\_\_\_\_

Do the agency(s) appear qualified to provide the services on a consistent, long-term basis?

Yes                      No

Explain: \_\_\_\_\_

\_\_\_\_\_

(b) Appropriateness of services (type and quantity) for the disabled population to be housed.

Rating: \_\_\_\_\_ (5 point maximum)

Is the service plan well thought-out? \_\_\_\_\_

Does the service plan have a clear description of each service, its frequency and location? Briefly describe the services, their frequency and where provided.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the Sponsor have experience in providing the proposed services to the anticipated occupancy and appear to have a good working knowledge of the service needs for the type and level of disability of the proposed occupants? Explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

4571.2

APPENDIX 19

(MHR - continued)

Project No. \_\_\_\_\_

What is the planned supervision for the residents and does it correspond appropriately to the disability level of the residents?

---

---

---

Did you receive the State/local agency certification (Exhibit 23)? Yes No

(If the answer is NO to this or either of the following two questions, the application must be rejected.)

Did the certification indicate that the provision of services is well designed?

Yes No

If NO, explain: \_\_\_\_\_

---

---

Did the certification indicate that the proposed facility is consistent with the agency's plans/policies?

If NO, explain: \_\_\_\_\_

---

(c) Quality of services implementation plan.

Rating: \_\_\_\_\_ (5 point maximum)

(MHR - continued)

Project No. \_\_\_\_\_

Did the Sponsor clearly describe how the provision of the proposed services will be managed? Explain.

---

---

---

Is there sufficient staff, both in terms of quantity and experience, to ensure the effective delivery of the proposed services? Briefly describe the number and qualifications of staff proposed.

---

---

---

Did the Sponsor describe a plan for coordinating off-site services (how residents will access them)?

Explain: \_\_\_\_\_

---

Criterion 6. Extent to Which Sponsor Has Control of Site - 15 pts.

B. Applications with identified site only.

(3) Likelihood that site control will be obtained within six months of fund reservation, if approved,

Rating: \_\_\_\_\_ (5 point maximum)

---

4571.2

APPENDIX 19

(MHR - continued)

Project No. \_\_\_\_\_

Has the Sponsor made a concerted effort to identify the site? Explain.

---

---

Does it appear, from the Sponsor's description, that site control is obtainable within six months of fund reservation? Explain.

---

---

---

What is the status of the sale of the site?

---

---

---

RECOMMENDATION: Application is

Acceptable

Unacceptable

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Page 9

6/91

---

4571.2

APPENDIX 19

(MHR - continued)

Project No. \_\_\_\_\_

RATING: Criterion 1.(a) \_\_\_\_\_ (5 point maximum)  
Criterion 1.(b) \_\_\_\_\_ (5 point maximum) (ADVISORY)  
Criterion 1.(c) \_\_\_\_\_ (2 point maximum)  
Criterion 5.(a) \_\_\_\_\_ (5 point maximum)  
Criterion 5.(b) \_\_\_\_\_ (5 point maximum)  
Criterion 5.(c) \_\_\_\_\_ (5 point maximum)  
Criterion 6.B(3) \_\_\_\_\_ (5 point maximum)

Print Name of MHR: \_\_\_\_\_

Signature of MHR: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

6/91

Page 10

---

4571.2

APPENDIX 19

Section 811 - Supportive Housing for Persons with Disabilities

TECHNICAL REVIEW SHEET

Mortgage Credit

Sponsor Name/City/ST: \_\_\_\_\_



Project Address:\_\_\_\_\_

Project Number:\_\_\_\_\_

//

Criterion 2. Sponsor's Financial Capacity - 25pts.

(a) Financial history and current financial outlook of Sponsor.

Rating:\_\_\_\_\_ (5 point maximum)

Did the Sponsor submit financial statements for the most current three years of its operations?

Yes            No

If No, explain:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do the Sponsor's financial statements indicate an upward trend in capital accumulation?

Yes            No

If No, explain:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4571.2

APPENDIX 19

(MC - continued)

Project No.\_\_\_\_\_

Do the Sponsor's financial statements reflect a positive cash flow?

Yes            No

If No, explain:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do the Sponsor's financial statements reflect an upward trend in working capital?

Yes No

If No, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has the Sponsor been a financially viable organization for its entire existence?

Yes No

If No, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4571.2

APPENDIX 19

(MC - continued)

Project No. \_\_\_\_\_

How has the Sponsor financed its past operation?  
(A note should be made if the Sponsor has been unable or unwilling to provide funds to previously funded Projects, i.e., cash requirements to close transaction, change orders, etc. Also, lower the score)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe the Sponsor's current financial outlook.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was a credit investigation completed?

Yes Deferred

If yes, briefly describe results: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If credit investigation is not deferred, answer the following:

A credit report on the Sponsor has been received and is satisfactory.

Yes                      No

4571.2

APPENDIX 19

(MC - continued)                      Project No. \_\_\_\_\_

If No, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Credit reports have been received on each officer of the Sponsor and are acceptable.

Yes                      No

If No, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(b) Sponsor's ability and willingness to commit financial resources beyond the initial minimum capital investment and start-up costs.

Rating: \_\_\_\_\_ (10 point maximum)

Do the financial statements reflect a working capital position which demonstrates that the Sponsor is capable of providing the minimum capital investment, start-up expenses and any unanticipated costs?

Yes                      No

If No, do the Sponsor's financial statements reflect fixed assets which could be hypothecated to provide funds to meet the minimum capital investment, start-up expenses and any unanticipated costs?

Yes                      No

If No, explain: \_\_\_\_\_

\_\_\_\_\_

4571.2

APPENDIX 19

(MC - continued)

Project No. \_\_\_\_\_

SCORING NOTES: A higher score shall be given when the Sponsor can meet these obligations based on available working capital.

A lower score shall be given if Sponsor must rely on reimbursement of predevelopment costs for meeting the minimum capital investment.

Did the Sponsor or the organization that will be supplying the funds to cover the minimum capital investment, start-up expenses and any unanticipated costs submit a resolution from its Board committing a specific amount of funds that will cover these costs?

Yes No

If yes, is the amount specified sufficient to cover all of the above costs?

Yes No

Does the amount of funds committed substantially exceed the minimum capital investment and start-up expenses? If No, reduce the score.

Yes No

If an organization other than the Sponsor will be supplying the funds, are there conditions to this commitment?

Yes No

If Yes, what are the conditions? \_\_\_\_\_

4571.2

APPENDIX 19

(MC - continued)

Project No. \_\_\_\_\_

Is there evidence that this other organization supports the Sponsor's application?

Yes                      No

If the Sponsor is including amenities not eligible for HUD funding, do the financial statements indicate that the Sponsor is able to contribute the incremental development cost and continuing operating costs associated with the added amenities?

Yes                      No                      N/A

If No, explain: \_\_\_\_\_

\_\_\_\_\_

Did the Sponsor submit an application for a Section 106(b) loan?

Yes                      No

If yes, can the Sponsor meet start-up expenses without relying on the 106(b) loan?

Yes                      No                      N/A

If No, explain: \_\_\_\_\_

\_\_\_\_\_

(MC - continued)

Project No. \_\_\_\_\_

- c) Scope of the proposed project relative to Sponsor's financial capacity and commitment.

Rating: \_\_\_\_\_ (10 point maximum)

Does it appear that the Sponsor's financial capacity is sufficient to cover the financial requirements of the proposed project?

Yes                      No

If No, explain: \_\_\_\_\_

\_\_\_\_\_

---

If the Sponsor submitted more than one application under either the current Invitations for Section 811 or Section 202, does it have the financial capacity to meet the financial requirements for all applications submitted?

Yes                      No                      N/A

If No, explain: \_\_\_\_\_

---

If the Sponsor has other projects in development and/or under management, will the Sponsor's financial responsibilities for these projects adversely affect its capability to carry through to completion and operate the proposed project?

Yes                      No                      N/A

---

4571.2

APPENDIX 19

(MC - continued)

Project No. \_\_\_\_\_

If Yes, explain: \_\_\_\_\_

---

The following questions require a response but no rating:

Is the Sponsor acting on its own behalf and not, either knowingly or unwittingly, under the influence, control or direction of any party?

Yes                      No

If No, explain: \_\_\_\_\_

---

Does the Sponsor have continuity and evidence a serious long-range desire to provide housing for the intended client group?

Yes                      No

If No, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the Sponsor fully understand the responsibilities and obligations involved in owning and successfully operating a housing project?

Yes                      No

6/91

Page 18

---

4571.2

APPENDIX 19

(MC - continued)

Project No. \_\_\_\_\_

If No, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the Sponsor prepared, by unanimous or majority resolution of its Board of Directors or Trustees, to acknowledge the responsibilities and obligations of sponsorship and continuing ownership, which is also the will of its membership?

Yes                      No

If No, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the Sponsor reliable on the basis of its reputation and past performance including that of its principals?

Yes                      No

If No, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Housing Consultant Evaluation

The Housing Consultant has been evaluated and the following forms have been received/requested:

Yes No

4571.2

APPENDIX 19

FINANCIAL ANALYSIS WORKSHEET

\*Proof: Columns C, E, G, & I equal difference between Columns A & H  
 Note: For large corps. with assets over \$100,000, you may round to the nearest thousand.

NAME OF CORPORATION \_\_\_\_\_

	(A)	(B)	(C)	(D)	(E)
	19	19	CHANGE	19	CHANGE
(1) CURRENT ASSETS					
(2) CURRENT LIABILITIES					
(3) WORKING CAPITAL					
(4) CURRENT RATIO (1)/(2)			x		x
(5) TOTAL ASSETS					
(6) TOTAL LIABILITIES					
(7) NET WORTH					
(8) TOTAL INCOME			x		x
(9) NET INCOME OR (DEFICIT)			x		x

	(F)	(G)	(H)	(I)	(J)
	19	CHANGE	19	CHANGE	OVERALL* CHANGE
(1) CURRENT ASSETS					
(2) CURRENT LIABILITIES					
(3) WORKING CAPITAL					
(4) CURRENT RATIO (1)/(2)		x		x	x
(5) TOTAL ASSETS					
(6) TOTAL LIABILITIES					
(7) NET WORTH					
(8) TOTAL INCOME		x		x	x
(9) NET INCOME OR (DEFICIT)		x		x	x

COMMENTS:

REVIEWER: \_\_\_\_\_

DATE: \_\_\_\_\_



4571.2

APPENDIX 19

(MC - continued)

Project No. \_\_\_\_\_

Housing Consultant Resume

Yes                      No

The Housing Consultant \_\_\_\_\_ is approved subject to HUD-2530 procedure approval.

Yes                      No

If No, explain: \_\_\_\_\_

RECOMMENDATION: Application is

Acceptable

Unacceptable

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RATING: Criterion 2.(a) \_\_\_\_\_ (5 point maximum)  
Criterion 2.(b) \_\_\_\_\_ (10 point maximum)  
criterion 2.(c) \_\_\_\_\_ (10 point maximum)  
  
TOTAL \_\_\_\_\_ (25 point maximum)

Print Name of Reviewer: \_\_\_\_\_

Signature of Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

4571.2

Section 811 - Supportive Housing for Persons with Disabilities

TECHNICAL REVIEW SHEET

Architectural, Engineering and Cost

Sponsor Name/City/ST: \_\_\_\_\_

Project Address: \_\_\_\_\_

Project Number: \_\_\_\_\_

////////////////////////////////////

Criterion 4. Project Design - 10 pts.

- (a) Extent to which the proposed design will meet the special needs of persons with disabilities.

Rating: \_\_\_\_\_ (4 point maximum)

Did the Sponsor identify any special design needs of the proposed residents? Explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will the proposed design be medical in nature?

Yes                      No

If Yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4571.2

APPENDIX 19

(A&E - continued)

Project No. \_\_\_\_\_

- (b) Extent to which proposed design will accommodate the provision of supportive services that are expected to be needed, either initially or during the useful life of the housing, by the category or categories of persons with disabilities the housing is intended to serve.

Rating: \_\_\_\_\_ (3 point maximum)

Does it appear that the Sponsor has thought through the long-range service needs of the residents and proposed a design that will accommodate these needs?

---

---

---

- (c) The extent to which the proposed size, plus unit mix if an independent living facility, will enable Sponsor to manage and operate the housing efficiently and ensure that the provision of supportive services will be accomplished in an economical fashion.

Rating: \_\_\_\_\_ (3 point maximum)

---

---

---

---

4571.2

APPENDIX 19

(A&E - continued)

Project No. \_\_\_\_\_

Criterion 6. Extent to Which Sponsor Has Control of Site - 15 pts.

- A. (4) Reasonableness of the site cost per unit and suitability of property for intended use and adequacy of utilities and streets (i.e., the proposed site development including number of units, location of building(s), parking, drives, service and recreation areas is suitable for the intended occupants).

Rating: \_\_\_\_\_ (3 point maximum)

In rating the above, consideration must be given to the following:

- a. Site configuration, dimensions and topography in regard to siting, circulation and site drainages.
- b. Special facilities, i.e., storm channel improvements, extensive slope stabilization or erosion control improvements or maintenance, sewerage lift stations or ejection pumps, retaining walls, etc.
- c. Private vs. public utilities in areas where public utilities are available, extent of project utility lines, site area covered by retention ponds, etc.

- d. Extent of access and service drives, parking, pedestrian walk-ways and other paving.
- e. Extent of outdoor recreational facilities and landscaping.

NOTE: Special attention must be given to the estimated cost of site and whether number of units proposed will be cost effective.

---

4571.2

APPENDIX 19

(A&E - continued)

Project No. \_\_\_\_\_

The following additional factors require comment but no rating:

Has the Sponsor included only those amenities eligible for HUD funding?

Yes                      No

If No, list the amenities not eligible for HUD funding:

---



---

If the Sponsor has included amenities not eligible for HUD funding, does it indicate a willingness to contribute the incremental development cost and continuing operating costs associated with the added amenities?

Yes                      N/A

OR

The proposed project involves rehabilitation or acquisition, the additional amenities already existed in the structure before submission of the application, and the total development cost of the project with the additional amenities does not exceed the applicable cost limit.

If the Sponsor is proposing a group home, does the narrative description indicate that the design will meet group home standards?

Yes                      No                      N/A

If No, explain: \_\_\_\_\_

6/91

Page 24

---

4571.2

APPENDIX 19

(A&E continued)

Project No. \_\_\_\_\_

If the Sponsor is proposing an independent living facility, does the narrative description indicate that the project will meet the project size limits and unit size requirements?

Yes                      No                      N/A

If No, indicate the size of the project and whether the Sponsor adequately justifies exceeding the project size limits:

\_\_\_\_\_  
\_\_\_\_\_

Will the Sponsor be including any community spaces?

Yes                      No

If Yes, indicate whether they are modest in concept and suitable for the intended occupants.

\_\_\_\_\_  
\_\_\_\_\_

The proposed schematic designs reflect economical and efficient use of space suitable for the intended occupants.

Yes                      No

If No, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Page 25

6/91

---

4571.2

(A&E - continued)

Project No. \_\_\_\_\_

RECOMMENDATION: Application is

Acceptable

Unacceptable

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RATING: Criterion 4.(a) \_\_\_\_\_ (4 point maximum)  
Criterion 4.(b) \_\_\_\_\_ (3 point maximum)  
Criterion 4.(c) \_\_\_\_\_ (3 point maximum)  
Criterion 6.A.(4) \_\_\_\_\_ (3 point max.) or \_\_\_\_\_ N/A

Print Name of Reviewer: \_\_\_\_\_

Signature of Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Section 811 - Supportive Housing for Persons with Disabilities

TECHNICAL REVIEW SHEET

Valuation

Sponsor Name/City/ST: \_\_\_\_\_

Project Address: \_\_\_\_\_

Project Number: \_\_\_\_\_

Criterion 6. Extent to Which Sponsor Has Control of Site - 15 pts.

A. Applications with Site Control

- (1) Proximity or accessibility of site to shopping, medical facilities, transportation, churches, job opportunities, recreational facilities and other necessary services to the intended occupants.

Rating: \_\_\_\_\_ (4 point maximum)

B. Applications with Identified Site Only

- (1) Same as A.(1) above plus freedom from overconcentration of persons with disabilities.

Rating: \_\_\_\_\_ (5 point maximum)

Has the Sponsor submitted proper evidence of site control?

Yes No (Check with Field Counsel preliminary evaluation review.)

If No, explain: \_\_\_\_\_

\_\_\_\_\_

4571.2

APPENDIX 19

(VAL - continued)

Project No. \_\_\_\_\_

OR

Has the Sponsor submitted proper identification of site?

Yes No Explain: \_\_\_\_\_

Is the site near or accessible by transportation to shopping, medical facilities, places of worship, recreational facilities, employment opportunities, and other necessary services for the intended occupants?

Yes No

If No, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

THE REMAINDER OF THIS REVIEW SHEET APPLIES ONLY TO APPLICATIONS WITH EVIDENCE OF SITE CONTROL

- A. (3) Freedom of site from adverse environmental conditions and overconcentration of persons with disabilities.

Rating: \_\_\_\_\_ (4 point maximum)

Is the site free from the following conditions: soil instability, flooding, mudslides, harmful air pollution, excessive noise or fire hazards?

Yes                      No

If No, explain: \_\_\_\_\_  
\_\_\_\_\_

4571.2

APPENDIX 19

(VAL - continued)

Project No. \_\_\_\_\_

A. (4) Reasonableness of the site cost per unit, suitability of the property for the intended use, and adequacy of utilities and streets.

Rating: \_\_\_\_\_ (3 point maximum)

Is the site configuration, the size of the site in relation to the number of units, and the dimensions and topography in regard to siting, circulation and site drainages adequate?

Yes                      No

If No, explain: \_\_\_\_\_

Can you determine whether the site will have any of the following special facilities (i.e., storm channel improvements, extensive slope stabilization or erosion control improvements or maintenance, sewerage, lift stations or ejection pumps, retaining walls, etc.)?

Yes                      No

If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will the project be connected to private or public utilities?

If private, are public utilities available in the area?

Yes                      No                      N/A



4571.2

APPENDIX 19

(VAL - continued)

Project No. \_\_\_\_\_

Will the project be cost effective in relation to the number of units proposed?

Yes                      No

If No, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the site appropriate for the intended use?

Yes                      No

If No, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the site meet the Site and Neighborhood Standards of Section 890.230?

Yes                      No

If No, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The number of units, and bedroom sizes if an independent living facility are marketable.

Yes                      No

If No, explain: \_\_\_\_\_

\_\_\_\_\_

4571.2

APPENDIX 19

(VAL - continued)

Project No. \_\_\_\_\_

The proposed site is located outside the 100-year floodplain (500 year if ICF).

Yes                      No                      If No, the 8-step process must be initiated.

---

---

---

NOTE:                      Six steps of the 8-step process identified in 24 CFR Part 50.4 must be completed if an application is recommended for funding.

The Form HUD-92013-E has been reviewed and is acceptable.

Yes                      No

---

---

---

Does the proposed site meet Environmental Assessment requirements, including Compliance Findings set forth in attached Form HUD-4128 or 4128.1, as appropriate?

Yes                      No

If No, explain: \_\_\_\_\_

---

---

---

4571.2

APPENDIX 19

(VAL - continued)

Project No. \_\_\_\_\_

Is the proposed construction or rehabilitation permissible under applicable zoning ordinances or regulations?

Yes                      No

If No, explain: \_\_\_\_\_

---

---

Is the proposed site located in undeveloped coastal barriers along the Atlantic or Gulf Coasts?

Yes                      No

If Yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6/91

Page 32

---

4571.2

APPENDIX 19

(VAL - continued)

Project No. \_\_\_\_\_

RECOMMENDATION: Application is

Acceptable

Unacceptable

Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

RATING: Criterion 6.A.(1) \_\_\_\_\_ (4 point maximum) or \_\_\_\_\_ N/A  
Criterion 6.A.(3) \_\_\_\_\_ (4 point maximum) or \_\_\_\_\_ N/A  
Criterion 6.A.(4) \_\_\_\_\_ (3 point maximum) or \_\_\_\_\_ N/A  
Criterion 6.B.(1) \_\_\_\_\_ (5 point maximum) or \_\_\_\_\_ N/A

Print Name of Reviewer: \_\_\_\_\_

Signature of Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Page 33

6/91

---

4571.2

APPENDIX 19

Section 811 - Supportive Housing for Persons with Disabilities

TECHNICAL REVIEW SHEET

Economic and Market Analysis staff

Sponsor Name/City/ST: \_\_\_\_\_

Project Address: \_\_\_\_\_

Project No.: \_\_\_\_\_

//

Market Review:

A. Taking into consideration the current and anticipated market conditions in assisted housing for persons with disabilities, is there a demand (sufficient market) for the number and type of units proposed?

Yes                      No                      If No, application must be rejected.

Explain the basis for the finding: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Advisory Opinions on Location and Marketability

(EMAS should complete numbers 1. and 2. below only if it has relevant information available on the site and location.)

1. EMAS has reviewed the proposed location and has determined that it is acceptable and desirable for housing for persons with disabilities and the project is not likely to have an adverse effect on HUD-insured and assisted housing.

Yes                      No

\_\_\_\_\_

(EMAS - continued)

Project No. \_\_\_\_\_

2. Is the site located in an area already containing a large number of persons with disabilities?

Yes                      No

If Yes, the project is not approvable. Provide specific reasons for disapproval.

---

---

3. If Sponsor proposes to exceed project size limits (up to 15 residents for a group home, up to 40 residents for an independent living facility for persons with physical disabilities or developmental disabilities), answer the following:

NOTE: If the answer to any of the following is NO, the request for an exception is not approvable and the Sponsor's request will be reduced to the maximum number of residents per applicable facility.

- a. Sponsor demonstrated that the increased number of people is necessary for the economic feasibility of the project.

Yes                      No

---

---

---

4571.2

APPENDIX 19

(EMAS - continued)

Project No. \_\_\_\_\_

- b. The project is compatible with the surrounding residential development and with the population density of the area in which it will be located.

Yes                      No

---

---

- c. The project can be integrated successfully into the neighborhood and community.

Yes                      No

---

---

d. The project is marketable.

Yes

No

---

---

Criterion 3. Need for Supportive Housing for Persons with  
Disabilities in the Area to be Served - 10 pts.

Rating: \_\_\_\_\_ (10 point maximum)

6/91

Page 36

---

4571.2

APPENDIX 19

(EMAS - continued)

Project No. \_\_\_\_\_

The Sponsor is required to document the need for assisted units with supportive services for the category or categories of persons with disabilities proposed to be served in the area. Based on the data and information provided in Exhibits 15 and 20, how well did the Sponsor document evidence of this need?

---

---

---

RECOMMENDATION: Application is

Acceptable

Unacceptable

Explain: \_\_\_\_\_

---

---

RATING: Criterion 3. \_\_\_\_\_ (10 point maximum)

Print Name of Reviewer: \_\_\_\_\_

Signature of FO/RO Office Economist: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

4571.2

APPENDIX 19

Section 811 - Supportive Housing for Persons with Disabilities

TECHNICAL REVIEW SHEET

Fair Housing and Equal Opportunity

Sponsor Name/City/ST: \_\_\_\_\_

Project Address: \_\_\_\_\_

Project No.: \_\_\_\_\_

//

Criterion 1. Ability of Sponsor to Develop and Operate Housing on Long-Term Basis - 20 pts.

- (b) The scope, extent and quality of the Sponsor's experience in providing housing or supportive services to minority persons or families and opportunities for minority and women-owned business enterprises participation.

When rating applications, more favorable consideration should be given to projects which address a low participation and an identified need for housing for very low income minority disabled persons and families and opportunities for minority and women-owned business participation.

NOTE: Where the Sponsor has previously done business with HUD, the Sponsor's previous participation records (Form HUD-2530, Exhibit 6) should be reviewed. If the Sponsor has not previous housing experience, all relevant services experience including housing counselling, nutrition and food services, special housing referral, etc., should be examined.

Rating: \_\_\_\_\_ (5 point maximum)

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(FHEO - continued)

Project No. \_\_\_\_\_

- c. Extent of local community support (including the minority community) for the Sponsor and its activities, including experience in providing housing and/or supportive services in area where project is to be located, and Sponsor's demonstrated ability to enlist volunteers and local funds for its efforts.

Rating: \_\_\_\_\_ (5 point maximum) (ADVISORY ONLY)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Criterion 6. Extent to Which Sponsor Has Control of Site - 15 pts

A. or B. (2)

Suitability of the site from the standpoint of promoting a greater choice of housing opportunities for minority disabled persons/families.

Rating: \_\_\_\_\_ (4 points maximum where Sponsor has control of site)

\_\_\_\_\_ (5 points maximum where Sponsor has identified a site)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(FHEO - continued)

Project No. \_\_\_\_\_

Additional factors which require comments but no rating:

Project addresses a low participation rate and an identified need for housing for very low income minority disabled persons and families.





Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Sponsor's past actions relative to participation of minority business firms in programs or services:

No prior experience (or data not submitted)

Minimal experience (less than \$10,000 awarded)

Significant experience (more than \$10,000 awarded)

Page 41

6/91

4571.2

APPENDIX 19

(FHEO - continued)

Project No. \_\_\_\_\_

RECOMMENDATION: Application is

Acceptable

Unacceptable

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RATING: Criterion 1.(b) \_\_\_\_\_ (5 point maximum)  
Criterion 1.(c) \_\_\_\_\_ (5 point maximum) (ADVISORY)  
Criterion 6.A.(2) \_\_\_\_\_ (4 point maximum) \_\_\_\_\_ N/A  
Criterion 6.B.(2) \_\_\_\_\_ (5 point maximum) \_\_\_\_\_ N/A

Print Name of Reviewer: \_\_\_\_\_

Signature of Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

6/91

Page 42

4571.2

APPENDIX 19

Section 811 - Supportive Housing for Persons with Disabilities

TECHNICAL REVIEW SHEET

Housing Management

Sponsor Name/City/ST: \_\_\_\_\_

Project Address: \_\_\_\_\_

Project Number: \_\_\_\_\_

Criterion 1. Ability of Sponsor to Develop and Operate Housing on Long-Term Basis - 20 pts.

- (a) The scope, extent and quality of the Sponsor's experience in providing housing or supportive services to proposed disabled population.

Rating: \_\_\_\_\_ (5 point maximum)

Does the Sponsor have experience in providing housing, services, or both? Briefly describe the experience (no. of years, type of housing/services and in what capacity?).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the Sponsor's application commensurate with its experience? Explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4571.2

APPENDIX 19

(HM - continued)

Project No. \_\_\_\_\_

Is the above experience associated with the client group for which the housing is proposed? If not, what was the client group?

\_\_\_\_\_

- (b) The scope, extent and quality of Sponsor's experience in providing housing and/or supportive services to minority persons or families and opportunities for minority and women-owned business enterprises participation.

Rating: \_\_\_\_\_ (5 point maximum) (ADVISORY ONLY :  
FOR USE BY FHEO)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (c) The extent of local community support for the Sponsor and its activities, including providing housing and/or supportive services in area where project is to be located, and Sponsor's demonstrated ability to enlist volunteers and local funds for its efforts.

Rating: \_\_\_\_\_ (3 point maximum)

How has Sponsor elicited support for its activities from the local community and what has been its track record in doing so?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(HM - continued)

Project No. \_\_\_\_\_

Has the Sponsor provided services through volunteer programs or obtained programs through community service agencies? If yes, briefly describe types of activities, period of involvement and size of client group.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there strong evidence of support for the Sponsor and for the project from the community in which the project will be located? Describe the source(s) of support.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Criterion 4. Project Design - 10 pts.

- (c) The extent to which the proposed size, plus unit mix if an independent living facility, will enable Sponsor to manage and operate the housing efficiently and ensure that the provision of supportive services will be accomplished in an economical fashion.

Rating: \_\_\_\_\_ (3 point maximum)

Based on experience, does the proposed design lend itself by the intended residents - common areas, bath/shower facilities, kitchen area, etc.?

Yes No

\_\_\_\_\_  
\_\_\_\_\_

4571.2

APPENDIX 19

(HM - continued)

Project No. \_\_\_\_\_

Based on experience, would minor modifications generate better use of space?

Yes No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Based on experience, does the geographical area have a need for the proposed unit sizes?

Yes No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Criterion 5. Provision of Supportive Services - 20 pts.

- (a) Services will be provided on a consistent, long-term basis - strength of funding sources.

Rating: \_\_\_\_\_ (10 point maximum)



4571.2

APPENDIX 19

(HM - continued)

Project No. \_\_\_\_\_

(c) Quality of services implementation plan.

Rating: \_\_\_\_\_ (5 point maximum)

Did the Sponsor clearly describe how the provision of the proposed services will be managed? Explain.

\_\_\_\_\_  
\_\_\_\_\_

Is there sufficient staff, both in terms of quantity and experience, to ensure the effective delivery of the proposed services? Briefly describe the number and qualifications of staff proposed.

\_\_\_\_\_  
\_\_\_\_\_

Did the Sponsor describe a plan for coordinating off-site services (how residents will access them)?

Explain: \_\_\_\_\_

\_\_\_\_\_

Criterion 6. Extent to Which Sponsor Has Control of Site - 15 pts.

A. or B.

(2) Suitability of the site relative to promoting greater choice of housing opportunities for minority disabled persons/families.

Rating: \_\_\_\_\_ (4 pt max if site control)

\_\_\_\_\_ (5 pt max if site identified)

(ADVISORY ONLY FOR USE BY FHEO)

6/91

Page 48

4571.2

APPENDIX 19

(HM - continued)

Project No. \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Additional review factors requiring comment but no rating:

Do other Federal or State agencies (i.e., State Housing Finance Agency, Farmers Home Administration) have projects in operation or in the planning stage that would be near the proposed site (if identified) or in the proposed locality or serve a similar clientele? If Yes, identify:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form HUD-2530 reveals the Sponsor has done business with HUD. Yes No

If yes, send comments to Chief, Mortgage Credit Branch and answer the following:

Has the Sponsor complied fully with HUD requirements (i.e., regulatory agreement, subsidy contract, tenant certs/recerts, vouchering, project reports)? If not, explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

4571.2

APPENDIX 19

(HM - continued)

Project No. \_\_\_\_\_

If the Sponsor will contract with a management agent whose identity is known, has Housing Management had any experience with the management agent? If yes, indicate the quality of this experience; if unsatisfactory, explain.

\_\_\_\_\_  
\_\_\_\_\_





---

---

RATING: Criterion 1.(a)\_\_\_\_\_ (5 point maximum)  
Criterion 1.(b)\_\_\_\_\_ (5 point maximum) (ADVISORY)  
Criterion 1.(c)\_\_\_\_\_ (3 point maximum)  
Criterion 4.(c)\_\_\_\_\_ (3 point maximum)  
Criterion 5.(a)\_\_\_\_\_ (5 point maximum)  
Criterion 5.(c)\_\_\_\_\_ (5 point maximum)  
Criterion 6.A.(2)\_\_\_\_\_ (4 point maximum) (ADVISORY)  
Criterion 6.B.(2)\_\_\_\_\_ (5 point maximum) (ADVISORY)

Print Name of Reviewer:\_\_\_\_\_

Signature of Reviewer:\_\_\_\_\_

Date:\_\_\_\_\_ Telephone Number:\_\_\_\_\_

---

4571.2

APPENDIX 19

Section 811 - Supportive Housing for Persons with Disabilities.

TECHNICAL REVIEW SHEET

Community Planning and Development  
Relocation Review

Sponsor Name/City/ST:\_\_\_\_\_

Project Address:\_\_\_\_\_

Project Number:\_\_\_\_\_

The subject application has been reviewed with regard to  
displacement and acquisition:

1. (a) Sponsor has completed the information required by  
Exhibit 17, Data on Project Occupancy,  
Displacement and Real Property Acquisition.

Yes                      No

- (b) Sponsor has identified persons occupying the  
property on the date of submission of the  
application (or initial site control, if later).

Yes                      No

No. not to be  
Displaced

No. to be  
Displaced

Households (families and individuals)	_____	_____
Business and Nonprofit Orgs.	_____	_____
Farms	_____	_____
Totals	_____	_____

6/91

Page 52

---

4571.2

APPENDIX 19

(CPD - continued)

Project No. \_\_\_\_\_

2. (a) Estimated costs for relocation and real property acquisition, if applicable, are reasonable.
 

Yes                      No
- (b) The source of funding for such costs has been identified.
 

Yes                      No
- (c) There is a firm commitment to provide funds for relocation costs (Section 811 capital advance or other sources).
 

Yes                      No
3. Organization to administer relocation has been identified.
 

Yes                      No
4. Certification of compliance with relocation and real property acquisition requirements has been provided.
 

Yes                      No

Conditions, if any, for approval: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print Name of Reviewer: \_\_\_\_\_

Signature of Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

4571.2

APPENDIX 19

Section 811 - Supportive Housing for Persons with Disabilities

SUPPORTIVE SERVICES PLAN  
TECHNICAL REVIEW SHEET

Appropriate State Agency

Instructions:

This Technical Review Sheet may be used for review of the Supportive Services Plan by the designated representative for the State Agency which provides funding for services, licenses facilities for the disabled population proposed in the Section 811 Application for Supportive Housing for Persons with Disabilities and/or will provide the majority of referrals for the proposed project. The representative should review the entire application with particular emphasis on the Supportive Services Plan (Exhibit 20 -Criterion 5).

Field and Regional Office Staff will consider the impartiality and firmness of the representative's ratings as well as the actual ratings. However, narrative documentation supporting the ratings is more important. Representatives that rate all applications with the maximum score may be discounted.

The representative's ratings and comments are advisory and serve the purpose of providing critical information to HUD that might not otherwise be available.

4571.2

APPENDIX 19

Section 811 - Supportive Housing for Persons with Disabilities

TECHNICAL REVIEW SHEET

Appropriate State Agency

Sponsor Name/City/ST: \_\_\_\_\_

Project Address: \_\_\_\_\_

Project Number: \_\_\_\_\_

////////////////////////////////////

Criterion 1. Ability of Sponsor to Develop and Operate Housing on Long-Term Basis - 20 pts.

- (a) The scope, extent and quality of the Sponsor's experience in providing housing or supportive services to proposed disabled population.

Rating: \_\_\_\_\_ (10 point maximum)

In what capacity have you been familiar with the Sponsor?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Based on your experience (if any) with the Sponsor as well as the information in the application, if this Sponsor were applying to your agency instead of to HUD for funds to develop housing for the proposed population, would you select it for funding? Why/Why not?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4571.2

APPENDIX 19

(State Agency - cont'd)

Project No. \_\_\_\_\_

What do you see as the Sponsor's strengths/weaknesses?

Strengths: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Weaknesses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What will be your agency's involvement with this project, if developed?

---

---

---

Does the Sponsor have experience in providing housing, services, or both? Briefly describe the experience (No. of years, type of housing/services and in what capacity?).

---

---

---

Is the Sponsor's application commensurate with its experience? Explain.

---

---

---

4571.2

APPENDIX 19

(State Agency - cont'd)

Project No. \_\_\_\_\_

Is the above experience associated with the client group for which the housing is proposed? If not, what was the client group?

---

---

- (b) The scope, extent and quality of Sponsor's experience in providing housing and/or supportive services to minority persons or families and opportunities for minority and women-owned business enterprises participation.

Rating: \_\_\_\_\_ (5 point maximum)

---

---

---

- (c) The extent of local community support for the Sponsor and its activities, including providing housing and/or supportive services in area where project is to be

located, and Sponsor's demonstrated ability to enlist volunteers and local funds for its efforts.

Rating: \_\_\_\_\_ (5 point maximum)

How has the Sponsor elicited support for its activities from the local community and what has been its track record in doing so?

---

---

---

---

4571.2

APPENDIX 19

(State Agency - cont'd)

Project No. \_\_\_\_\_

Has the Sponsor provided services through volunteer programs or obtained programs through community service agencies? If yes, briefly describe types of activities, period of involvement and size of client group.

---

---

---

Is there strong evidence of support for the Sponsor and for the project from the community in which the project will be located? Describe the source(s) of support.

---

---

Criterion 2. Sponsor's Financial Capacity - 25 pts.

Rating: \_\_\_\_\_ (25 point maximum)

Based upon your knowledge of and experience with the Sponsor, does it appear to have the financial capability to develop the proposed project? Explain.

---

---

---

---

4571.2

APPENDIX 19

(State Agency - cont'd) Project No. \_\_\_\_\_

Criterion 3. Need for Supportive Housing for Persons with Disabilities in the Area to be Served - 10 pts.

Rating: \_\_\_\_\_ (10 point maximum)

Is there a need for the number and type of units in the proposed locality? Explain.

---

---

---

Criterion 4. Project Design - 10 pts.

(a) Extent to which proposed design will meet special needs of persons with disabilities

Rating: \_\_\_\_\_ (10 point maximum)

Did the Sponsor identify any special design needs of the proposed residents? Explain.

---

---

---

Will the proposed design be medical in nature?

---

---

---

---

4571.2

APPENDIX 19

(State Agency - cont'd) Project No. \_\_\_\_\_



- (b) Extent to which proposed design will accommodate the provision of supportive services (that are expected to be needed, either initially or during the useful life of the housing, by the category/categories of persons with disabilities the housing is intended to serve.

Rating: \_\_\_\_\_ (3 point maximum)

Has the Sponsor thought through the long-range service needs of the proposed residents and proposed a design that will accommodate their needs?

---

---

---

- (c) Extent to which size, plus unit mix in an independent living facility, will enable the Sponsor to manage and operate the project to ensure that supportive services will be provided economically.

Rating: \_\_\_\_\_ (3 point maximum)

---

---

---

Criterion 5. Provision of Supportive Services - 20 pts.

- (a) Services will be provided on a consistent, long-term basis - strength of funding sources

Rating: \_\_\_\_\_ (10 point maximum)

(State Agency - cont'd)

Project No. \_\_\_\_\_

What evidence of funding did the Sponsor provide?

---

---

What is the source(s) of funding?

---

---

Will the funding be sufficient to support the services both in terms of quantity and reliability? Explain.

---

---

---

- (b) Appropriateness of services (type and quantity) for the disabled population to be housed including the degree to which the service plan conforms to the Section 811 concept of service provision off-site and complies with State policies, if applicable.

Rating: \_\_\_\_\_ (5 point maximum)

Does the service plan have a clear description of each service, its frequency and location? Briefly describe the services, their frequency and where provided.

---

---

---

---

4571.2

APPENDIX 19

(State Agency - cont'd)

Project No. \_\_\_\_\_

Does the Sponsor have experience in providing the proposed services to the anticipated occupancy and appear to have a good working knowledge of the service needs for the type and level of disability of the proposed occupants? Explain.

---

---

---

What is the planned supervision for the residents and does it correspond appropriately to the disability level of the residents?

---

\_\_\_\_\_  
\_\_\_\_\_

(c) Quality of services implementation plan

Rating: \_\_\_\_\_ (5 point maximum)

Is the service plan well thought-out? \_\_\_\_\_

Did the Sponsor clearly describe how the provision of the proposed services will be managed? Explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

4571.2

APPENDIX 19

(State Agency - cont'd)

Project No. \_\_\_\_\_

Is there sufficient staff, both in terms of quantity and experience, to ensure the effective delivery of the proposed services? Briefly describe the number and qualifications of staff proposed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the Sponsor will not be the service provider, what agency(ies) will provide the services and how will coordination be ensured?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there a letter of intent from each agency indicating its willingness to provide the services?

\_\_\_\_\_  
\_\_\_\_\_

Does each agency appear capable of providing the



