

Appendix 39

PROJECT-BASED CERTIFICATE PROGRAM
COMPLETENESS SCREENING FOR
PHA SUBMISSION OF OWNER'S PROJECT APPLICATION

PHA NAME: _____

DATE APPLICATION RECEIVED: _____

PROJECT NAME: _____

PROJECT ADDRESS: _____

YES NO NA

A. Did the PHA identify the proposed HAP contract term for the project, the funding source, the ACC expiration date and the unit size distribution for the funding source? (The funding source will be identified as a specific certificate project number or as "pre-FY 1988 funding source".)

B. Does the proposed HAP contract term expire on or before the ACC expiration date of the funding source? Is the project's bedroom distribution consistent with the funding source? (If the answer is no to either question, do not place the project into processing until these issues are resolved.)

C. Did the PHA submit a certification that the units were selected in accordance with its approved unit selection policy?

D. Did the PHA submit its Section 8 utility allowance schedules?

E. Did the PHA submit a list of PHA required work items, including Form HUD-52580A listing the PHA required work items to meet the \$1000 per unit rehabilitation minimum?

F.If applicable did the PHA submit a request for HUD to approve exception rents up to 110% of the FMRs?

G.Does the owner application contain at least the following information?

1.The number of units by unit size (square footage), bedroom count and bathroom count.

2.Unit plans.

* 3. For rehabilitation, a description of the property as is and a description of the proposed rehab clearly specifying work items. (Check N/A only for a new construction project)

* 4. Sketches of the proposed rehab or construction.

5.A listing of amenities and services.

6.Estimated date (month and year) of project completion.

* In lieu of these items, submit a copy of the owner's rehab work write-up or new construction working drawings and specifications, if available.

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YES NO NA

7. For new construction, a site description.
(Enter N/A only for rehabilitation projects.)

8. The proposed contract rent per unit with an indication of which utilities, services and equipment are included in the rent and which are not included.

9. Estimated average monthly utility cost for each utility not included in the rent, for each unit type.

10. For projects in which 20% or more of the units will be subsidized, Form HUD-2530, Previous Participation Certification.

H. For new construction, an Intergovernmental Review certification and SF 424.
(Enter N/A only for rehabilitation project).

CHECKED FOR COMPLETENESS AND FOUND READY FOR PROCESSING:

Multifamily Housing Representative

Date

DATE APPLICATION RECEIVED: _____