


DANE COUNTY APPLICATION FOR 2025 AFFORDABLE HOUSING DEVELOPMENT FUND

This application should be used for project seeking Dane County Non-LIHTC funds. Applications must be submitted electronically to DCDHS Division of Housing Access by . Upload application materials to the [Dane County Non-LIHTC Dropbox](#).

APPLICATION SUMMARY

ORGANIZATION NAME			
MAILING ADDRESS If P.O. Box, include Street Address on second line			
TELEPHONE		LEGAL STATUS	
FAX NUMBER		<input type="checkbox"/> Private, Non-Profit <input type="checkbox"/> Private, For Profit <input type="checkbox"/> Other: LLC, LLP, Sole Proprietor Federal EIN: _____ Unique Entity Identifier (UEI): _____	
NAME CHIEF ADMIN/ CONTACT			
INTERNET WEBSITE (If applicable)			
E-MAIL ADDRESS			

PROJECT NAME: Please list the project for which you are applying.

PROJECT NAME	PROJECT CONTACT PERSON	PHONE NUMBER	E-MAIL

FUNDS REQUESTED: Please list the amount and source of funding for which you are applying.

TOTAL PROJECT COST	AMOUNT OF COUNTY FUNDS REQUESTED	PERCENT OF COUNTY FUNDS TO TOTAL PROJECT COST
\$	\$	

Signature of Chief Elected Official/Organization Head

Title

Printed Name

Date

PROJECT DESCRIPTION

- A. **PROJECT NAME AND LOCATION:** Indicate the name, address, and census tract where the project will be located. Attach maps to the application indicating the location of the proposed project.

Project Name:	
Project Address:	
City, State, Zip:	
Parcel Number:	
Census Tract:	
Project Type:	<input type="checkbox"/> New construction <input type="checkbox"/> Preservation of Existing Income & Rent-restricted Rental Housing <input type="checkbox"/> Improvement of Existing Rental Stock through acquisition and/or rehab

- B. **JURISDICTION:** Indicate the name of the jurisdiction where the project will be located, i.e., City, Town, or Village. Is the jurisdiction supportive of the project? Describe any meetings that have been held with municipal staff, applicable municipal committees, and neighborhood/community groups.

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- C. **MUNICIPAL PARTNERSHIPS:** Please describe any partner resources the municipality will be dedicating to support your project including but not limited to tax increment financing; reducing or eliminating permitting or impact fees; local housing funds; density bonus; land dedication or reduced land costs, etc.

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Is the project eligible for municipal affordable housing resources? If not, please indicate why the project is not eligible.

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- D. **PROJECT DESCRIPTION:** Provide a detailed description of the project. If the project will preserve an existing low-income housing project, include if the project has, and will continue to have, a rental assistance contract, or includes income and rent-restricted units.

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What is the proposed affordability period for the affordability period for the project?

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- E. **GREEN TECHNOLOGIES/SUSTAINABILITY:** Indicate if the project will be pursuing any of the listed energy and sustainability standards. Submit certification of registration for any selected certification.

<input type="checkbox"/>	Zero Energy Ready Homes
<input type="checkbox"/>	WI Green Built Gold Plus
<input type="checkbox"/>	Phius CORE
<input type="checkbox"/>	Enterprise Green Communities (EGC) Plus
<input type="checkbox"/>	Green Built Gold Net Zero
<input type="checkbox"/>	Phius Zero
<input type="checkbox"/>	Living Building Challenge
<input type="checkbox"/>	LEED Zero Energy

- F. **WORK PLAN WITH TIMELINE AND MILESTONES:** In the space below, provide a work plan for how the project will be organized, implemented, and administered. Include a timeline and accomplishments from initiation through project completion. Add in extra quarters as needed. Examples of milestones are: acquisition, bid packages released, bids awarded, site preparation, excavation, construction begins, substantial completion, certificate of occupancy, lease-up begins, etc.

ON OR BEFORE	MILESTONES

- G. **TENANT ACCESS TO PROPERTY MANAGEMENT:** Describe access to property management staff on site (e.g., include anticipated office hours of property management, if staff will live on-site.)

- H. **ALTERNATIVES TO EVICTION:** Describe the project's approach to successfully utilizing alternatives to eviction, both pre- and post filing, such as payment plans, mediations, etc. to avoid evictions.

- I. **LANGUAGE & INFORMATION ACCESS:** Describe project's policies and procedures for ensuring services and information will be made available to all applicants and tenants, including those with limited English proficiency and individuals who may have physical, hearing, speech, or visual impairments that require special accommodations.

J. **SITE CONTROL:**

- a. Date Site Control Secured (or anticipated): _____
- b. Site Specific application without Site control (check if no site control): ☐
- c. Check if Site is Yet-To-Be Identified (targeted area proposal): ☐

IF PROJECT DOES NOT HAVE IDENTIFIED SITE, SKIP TO P.

- K. **ZONING:** Provide the current zoning classifications of the site and describe any changes in zoning, variances, special or conditional use permits, or other items that are needed to develop this proposal. Indicate if the project is consistent with any local comprehensive plans, and the anticipated timeline for obtaining any necessary approvals

- L. **CAPITAL NEEDS:** For projects that include rehabilitation, have you completed a capital needs assessment for this property? If so, summarize the scope and cost; and attach a copy of the capital needs assessment. If a capital needs assessment has not been completed, please detail the scope and cost of work to be completed, and how necessary rehabilitation work was determined.

- M. **UNITS:** In the space below, please list each site (street address) and building where the work will be undertaken. For each address, list the number of units by size, income category, etc. Use additional pages as needed.

ADDRESS #1:		# of Bedrooms					Projected Monthly Unit, including Utilities				
% of County Median Income (CMI)	Total # of Units	# of Studios	# of 1 BRs	# of 2 BRs	# of 3 BRs	# of 4+ BRs	\$ Rent for Studios	\$ Rent for 1 BRs	\$ Rent for 2 BRs	\$ Rent for 3 BRs	\$ Rent for 4+ BRs
≤30%											
40%											
50%											
60%											
Total Units							Notes:				

*40% = 31 to 40% CMI, 50%=41%-50% CMI, 60%=51-60% CMI

ADDRESS #2:											
	# of Bedrooms						Projected Monthly Unit, including Utilities				
% of County Median Income (CMI)	Total # of Units	# of Studios	# of 1 BRs	# of 2 BRs	# of 3 BRs	# of 4+ BRs	\$ Rent for Studios	\$ Rent for 1 BRs	\$ Rent for 2 BRs	\$ Rent for 3 BRs	\$ Rent for 4+ BRs
≤30%											
40%											
50%											
60%											
Market											
Total Units							Notes:				

*40% = 31 to 40% CMI, 50%=41%-50% CMI, 60%=51-60% CMI

N. **SITE AMENITIES:** Check all that apply.

<input type="checkbox"/>	Community Building, square feet:
<input type="checkbox"/>	Community Room, square feet:
<input type="checkbox"/>	Garages, number: and monthly rent:
<input type="checkbox"/>	Surface parking, number: and monthly rent:
<input type="checkbox"/>	Underground parking, number and monthly rent:

O. **OTHER SITE AMENITIES:** In the following space, describe the other site amenities for tenants and/or their guests.

P. **RELOCATION:** Will any businesses, including churches and non-profits, or residential tenants (owner or rental be displaced temporarily or permanently)? If so, please describe the relocation requirements, relocation plan, and relocation assistance that you will implement or have started to implement.

LOCATION

Q. **NEIGHBORHOOD AMENITIES:** Describe the neighborhood in which the project will be located noting access to social, recreational, educational, commercial, and health facilities and services and other municipal facilities and services.

Identify the distance the following amenities are from the proposed site.

Type of Amenities & Services	Name of Facility	Distance from Site
Full-Service Grocery Store		
Public Elementary School		
Public Middle School		
Public High School		
Job-Training Facility, Community College, or Continuing Education Programs		
Childcare		
Public Library		
Neighborhood, Community, or Senior Center		
Full Service Medical Clinic or Hospital		
Pharmacy		
Public Park or Hiking/Biking Trails		
Banking		
Retail		
Other (list the amenities)		

- R. **TRANSPORTATION:** Identify the travel time and cost via public transportation or public automobile from the neighborhood to places of employment providing a range of jobs for lower-income workers.

IF PROJECT HAS IDENTIFIED SITE, SKIP TO Y

TARGET AREA ONLY (NO IDENTIFIED SITE)

- S. **GENERAL AREA OF PROPOSED SITE:**

Explain why this area was chosen.

- T. **PROPOSED HOUSING TYPE:** Describe the type of housing project you propose to develop (i.e., new construction, preservation or acquisition and rehab).

- U. **PROPOSED UNITS:** Number of Units and proposed rent/income restrictions you anticipate developing in target area.

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- V. **TARGET AREA AMENITIES:** Identify the distance the following amenities that exist in the area which you have identified. If an amenity/service does not exist within that area, determine and list the next location.

Type of Amenities & Services	Name of Facility	In Targeted Area? (yes/no)
Full-Service Grocery Store		
Public Elementary School		
Public Middle School		
Public High School		
Job-Training Facility, Community College, or Continuing Education Programs		
Childcare		
Public Library		
Neighborhood, Community, or Senior Center		
Full Service Medical Clinic or Hospital		
Pharmacy		
Public Park or Hiking/Biking Trails		
Banking		
Retail		
Other (list the amenities)		

- W. **NEIGHBORHOOD ENGAGEMENT:** Describe your familiarity with this neighborhood and community. Have you previously worked with the Neighborhood Association or elected representatives? Describe the response of the Association or elected representative(s), if applicable. What issues or concerns with the anticipated project have been identified, if any? How will these be addressed?

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- X. **SUPPLY:** Are there adequate sites available in this targeted area that can feasibly be identified and developed within the timeframe listed in the Guidelines? Please explain how you anticipate selecting a site.

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PROJECT APPROACH

- Y. **PARTNERHIPS:** In the space below, provide information on any partnerships that have been or will be formed in order to ensure the success of the project.

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- Z. **FAIR TENANT SELECTION CRITERIA:** Will the project incorporate tenant selection criteria detailed below? Check all that apply, and attached copy of proposed tenant screening criteria for project.

General Screening Process – will not deny applicants based on the following:

	Yes	No	
REQUIRED FOR FUNDING	<input type="checkbox"/>	<input type="checkbox"/>	Inability to meet a minimum income requirement if the applicant can demonstrate the ability to comply with the rent obligation based on a rental history of paying at an equivalent rent to income ratio for 24 months
	<input type="checkbox"/>	<input type="checkbox"/>	Lack of housing history
	<input type="checkbox"/>	<input type="checkbox"/>	Membership in a class protected by Dane County fair housing ordinances and non-discrimination ordinances in the municipality where the project is located.
	<input type="checkbox"/>	<input type="checkbox"/>	Wisconsin Circuit Court Access records
	<input type="checkbox"/>	<input type="checkbox"/>	Inability to meet financial obligations other than housing and utilities necessary for housing (gas, electric, water).
	<input type="checkbox"/>	<input type="checkbox"/>	Credit score
	<input type="checkbox"/>	<input type="checkbox"/>	Information on credit report that is disputed, in repayment, or unrelated to a past housing or utility (gas, electric, and water only) obligations.
	<input type="checkbox"/>	<input type="checkbox"/>	Owing money to a prior landlord or negative rent payment history if the tenant's housing and utility costs were more than 50% of their monthly income.
	<input type="checkbox"/>	<input type="checkbox"/>	Owing money to a prior landlord or negative rent or utility payment history if applicant does one of the following: (1) establishes a regular record of repayment of the obligation; 2) signs up for automatic payment of rent to the housing provider; or (3) obtains a representative payee.
	<input type="checkbox"/>	<input type="checkbox"/>	Any eviction filing if meets any of the following: (1) eviction filing was dismissed or resulted in a judgement in favor of the applicant; (2) eviction filing which was settled with no judgement or write of recovery issued (e.g., stipulated dismissal); or (3) eviction filing that resulted in judgement for the landlord more than two years before the applicants submits the application.
	<input type="checkbox"/>	<input type="checkbox"/>	Criminal activity, except: (i) a criminal conviction within the last two years for violent criminal activity or drug related criminal activity resulting in a criminal conviction, and (ii) if the program or project is federally assisted, criminal activity for which federal law currently requires denial. (<i>Violent criminal activity</i> is defined in 24 C.F.R § 5.100 and means any criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force substantial enough to cause, or be reasonably likely to cause, serious bodily injury or property damage. "Drug related criminal activity" is defined in Wis. Stat. s. 704.17(3m)(a)(2). "Drug-related criminal activity" means criminal activity that involves the manufacture or distribution of a controlled substance. "Drug-related criminal activity" does not include the manufacture, possession, or use of a controlled substance that is prescribed by a physician for the use of by a disabled person, as defined in s. 100.264(1)(a), and manufactured by, used, by or in the possession of the disabled person or in the possession of the disabled person's personal care worker or other caregiver.)

AA.DENIAL PROCESS: Will the project incorporate the denial process detailed below? This is required for funding.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

1.	Prior to a denial based on a criminal record, the housing provider shall provide the applicant access to a copy of the criminal record at least five days prior to the in-person appeal meeting and an opportunity to dispute the accuracy and relevance of the report, which is already required of HUD assisted housing providers. See 24 C.F.R. § 982.553(d), which applies to public housing agencies administering the section 8 rent assistance program.
2.	Prior to a denial based on a criminal record, the housing provider shall provide the applicant the opportunity to exclude the culpable family member as a condition of admission of the remaining family members.
3.	Prior to a denial decision, the housing provider is encouraged to meet with the applicant to review their application and make an individualized determination of their eligibility, considering: (a) factors identified in the provider's own screening policies, (b) if applicable, federal regulations, and (c) whether the applicant has a disability that relates to concerns with their eligibility and an exception to the admissions rules, policies, practices, and services is necessary as a reasonable accommodation of the applicant's disability. In making a denial decision, the housing provider shall consider all relevant circumstances such as the seriousness of the case, the extent of participation or culpability of individual family members, mitigating circumstances related to the disability of a family member, and the effects of denial on other family members who were not involved in the action or failure.
4.	The property manager will base any denial on sufficient evidence. An arrest record or police incident report is not sufficient evidence. Uncorroborated hearsay is not sufficient evidence.
5.	Denial notices shall include the following: a) The reason for denial with details sufficient for the applicant to prepare a defense, including: i) The action or inaction forming the basis for the denial, ii) Who participated in the action or inaction, iii) When the action or inaction was committed, and iv) The source(s) of information relied upon for the action or inaction. b) Notice of the applicant's right to a copy of their application file, which shall include all evidence upon which the denial decision was based. c) Notice of the applicant's right to copies of the property manager's screening criteria. d) Notice of the right to request an in-person appeal meeting on the denial decision by making a written request for a hearing within 45 days. The housing provider is not required to hold the unit open while the appeal is pending. e) Notice of the right to have an advocate present at the in-person appeal meeting and of the right to be represented by an attorney or other representative. f) Notice of the right to present evidence in support of their application, including, but not limited to evidence related to the applicant's completion or participation in a rehabilitation program, behavioral health treatment, or other supportive services.

6.	If the applicant requests an in-person appeal meeting, the hearing will be conducted by a person who was not involved in or consulted in making the decision to deny the application nor a subordinate of such a person so involved.
7.	The in-person appeal meeting shall be scheduled within ten working days of the request, unless the applicant requests a later date.
8.	A written decision on the application shall be provided to the applicant within ten working days after the in-person appeal meeting.

BB. TENANCY ADDENDUM: Affirm the project will include the following provisions within all tenant leases or as an addendum to all tenant leases? This is required to be eligible for project funding.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

a.	Security Deposits. The amount of a security deposit shall not be more than one month's rent.
b.	Late Fees and Other Fees. Late fees must be set forth in the rental agreement. Late fees shall not exceed 5% of the tenant's portion of the monthly rent. Other penalty fees are prohibited. All other fees must be directly related to the cost for a specific amenity or service provided to the tenant and comply with all applicable laws.
c.	Rights of Youth to Access Common Spaces. Youth under the age of 18 are allow to use and enjoy common areas without supervision. This does not preclude reasonable rules in ensure the safety of children and youth.
d.	Good Cause for Termination. A tenancy may not be terminated during or at the end of the lease unless there is good cause. Good cause is defined in include the following: (i) a serious violation of the lease; (ii) repeated minor violations of the lease; or (iii) a refusal to re-certify program eligibility. Repeated means a pattern of minor violations, not isolated incidents. Termination notices and procedures shall comply with Chapter 704 of Wisconsin Statutes and federal law, when applicable. Written notice is required for non-renewal and shall include the specific grounds for non-renewal and the right of the tenant to request a meeting to discuss the non-renewal with the landlord or landlord's property management agent within fourteen (14) days of the notice. If requested, the landlord or property management agent will meet with the tenant to discuss the non-renewal, allow the tenant to respond to the alleged grounds for non-renewal, and pursue a mutually acceptable resolution.
e.	<p>Reasonable Guest Rules. Tenants have the right to have guests. In the event the property management establishes rules related to guests, they must be reasonable. Unreasonable rules include, but are not limited to the following: (1) Prior authorization of guests by the property management, unless the guest is staying for an extended period of time (e.g., more than 2 weeks); (2) Prohibition on overnight guests; (3) Requiring that the resident be with the guest at all times on the property. (4) Requiring guests to show ID unless requested by the tenant. (5) Subjecting caregivers, whether caring for a child or children, or an adult with disabilities, to limitations on the number of days for guests.</p> <p>Landlord may ban a person who is not a tenant from the rental premises if the person has committed violent criminal activity or drug related criminal activity at rental premises. No person shall be banned from the rental premises without the consent of the tenant unless the following have taken place:</p> <p>(1) A notice of the ban is issued to the tenant stating the:</p> <p>(a) name of the person banned,</p> <p>(b) grounds for the ban including, (i) the specific facts detailing the activity resulting in the ban; (ii) the source of the information relied upon in making the ban decision; and (iii) a copy of any criminal record reviewed when making the ban decision; and</p>

	<p>(c) the right of the tenant to have a meeting to dispute the proposed ban, discuss alternatives to the ban, and address any unintended consequences of the proposed ban.</p> <p>(2) If requested, a hearing on the ban has taken place to provide the tenant an opportunity to dispute the proposed ban, discuss alternatives of the ban, and address any unintended consequences of the proposed ban.</p> <p>A tenant may not invite or allow a banned person as a guest on the premises, provided the Landlord has followed the proper procedure and given notice to Tenant as set forth herein.</p> <p>A tenant who violates the guest policy may be given a written warning detailing the facts of the alleged violation. The written warning shall detail the violation, and warn the tenant that repeated violations may result in termination of tenancy. Tenants that repeatedly violate the guest policy, (e.g., three (3) or more violations within a twelve (12) month period) may be issued a notice of termination in accordance with state and federal law.</p> <p>Nothing in this policy limits a person's right to pursue a civil order for protection against another individual.</p>
f.	<p>Parking Policies. Parking policies and practices must comply with applicable laws. Vehicles shall not be towed to a location that is more than 6 miles from the rental premises, unless there is not a towing company with a tow location available within 6 miles.</p>

CC. PARTNERING TO END HOMELESSNESS: In the space below, indicate the project's willingness to partner with Homeless Services Consortium member agencies and to end homelessness for individuals and /or families by providing a preference for households experiencing homelessness.

Total # of Project Units	# of Units Targeted to Individuals/Families experiencing homelessness	% of Units Targeted to Individuals/Families experiencing homelessness

Describe the process and anticipated timeline for outreach, application submittal, and tenant screening for HSC-set aside units. Also, indicate support that will be made available to for potential applicants during the application process (e.g., transportation to application site, assistance gathering required documents).

DD. Describe how the project will work with partners to provide households with rental subsidies or maintain rents at or below 30% rent limits for the period of affordability.

EE. ACCESS TO UNITS FOR HOUSEHOLDS EXPERIENCING HOMELESSNESS: Will the project incorporate ALL of the listed flexible tenant screening criteria detailed below for applicants referred to units that are being targeted for individuals/families experiencing homelessness? This is required to be eligible for project funding.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Project will not deny applicants for units targeted for individuals/families experiencing homelessness based on the following:
<ul style="list-style-type: none"> Inability to meet a minimum income requirement if the applicant can demonstrate the ability to comply with the rent obligation based on a rental history of paying at an equivalent rent to income ratio for 24 months
<ul style="list-style-type: none"> Lack of housing history
<ul style="list-style-type: none"> Membership in a class protected by Dane County fair housing ordinances and non-discrimination ordinances in the municipality where the project is located.
<ul style="list-style-type: none"> Credit score
<ul style="list-style-type: none"> Information on credit report that is disputed, in repayment, or unrelated to a past housing or utility (gas, electric, and water only) obligations.
<ul style="list-style-type: none"> Inability to meet financial obligations other than housing and utilities necessary for housing (gas, electric, water).
<ul style="list-style-type: none"> Owing money to a prior landlord or negative rent payment history if the tenant's housing and utility costs were more than 50% of their monthly income.
<ul style="list-style-type: none"> Owing money to a prior landlord or negative rent or utility payment history if applicant does one of the following: (1) establishes a regular record of repayment of the obligation; 2) signs up for automatic payment of rent to the housing provider; or (3) obtains a representative payee.
<ul style="list-style-type: none"> Wisconsin Circuit Court Access records;
<ul style="list-style-type: none"> Criminal activity, except: (i) a criminal conviction within the last two years for violent criminal activity or drug related criminal activity resulting in a criminal conviction, and (ii) if the program or project is federally assisted, criminal activity for which federal law currently requires denial. (Violent criminal activity is defined in 24 C.F.R § 5.100 and means any criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force substantial enough to cause, or be reasonably likely to cause, serious bodily injury or property damage. "Drug related criminal activity is defined in Wis. Stat. s. 704.17(3m)(a)(2). "Drug-related criminal activity" means criminal activity that involves the manufacture or distribution of a controlled substance. "Drug-related criminal activity" does not include the manufacture, possession, or use of a controlled substance that is prescribed by a physician for the use of by a disabled person, as defined in s. 100.264(1)(a), and manufactured by, used, by or in the possession of the disabled person or in the possession of the disabled person's personal care worker or other caregiver.)

SUPPORTIVE SERVICES:

FF. SUPPORTIVE SERVICES SUMMARY: Please provide a summary of supportive services below. Subsequent questions will ask for more detailed information:

Supportive Services Partner:	
Total annual budget for supportive services at project:	
Amount of annual funding project and/or developer will provide directly to supportive services at project:	
Full-Time Equivalent position(s) dedicated to providing services at project:	

Number of estimated weekly on-site hours of supportive services provided by identified partner:				
Project will provide on-site services in a dedicated space:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

GG. **SUPPORTIVE SERVICES:** Describe the experience and qualifications of the organization that will be providing supportive services.

HH. Complete the table for supportive units proposed:

	# of Bedrooms					
% of County Median Income (CMI)	Total # of Units	# of Studios	# of 1 BRs	# of 2 BRs	# of 3 BRs	# of 4+ BRs
≤30%						
40%						
50%						
60%						

II. **PREFERENCES:** If the project will be targeting a set number of units, will the project require that these households meet additional preferences? Indicate all anticipated preferences below.

<input type="checkbox"/>	Persons with disabilities	<input type="checkbox"/>	Veterans
<input type="checkbox"/>	Household experiencing chronic homelessness	<input type="checkbox"/>	Individuals recovering from physical abuse, domestic violence, dating violence, sexual assault or stalking
<input type="checkbox"/>	Other:		

If the project will provide a preference for more than one target population, describe the approach that will be taken to apply preferences to tenant selection.

JJ. **SCOPE OF SERVICES:** Detail the services that will be provided to tenants and approaches supportive service partner will use to address needs of tenant population. Indicate if services are targeted only to the supportive housing units, or are available to the broader tenant population. Include what strategies the services partner(s) will use to engage tenants to support their housing retention, including if tenants have potential lease violations or housing is in jeopardy.

KK. **TENANT ACCESS:** Describe how tenants will access services. For example, will services be on-site at development in designated space or by referral to off-site community supports.

If services provided are referral to off-site community supports, please detail how tenants will receive information on supportive services that are available to them before and after needs arise:

LL. **SERVICES SCHEDULE:** Detail the frequency of services provided and/or a proposed schedule of when on-site services are available to tenants (e.g., Monday – Friday, 8:30-4:30 p.m.):

MM. **SERVICES COLLABORATION:** How will the supportive services partner identify and collaborate with other community service providers in the target area:

NN. **SUPPORTIVE SERVICES FUNDING:** Identify sources that will be used to fund supportive services at the development. Describe structure of funding, including annual amounts, and all proposed sources.

<input type="checkbox"/>	Portion of developer fee	<input type="checkbox"/>	Annual Operating Support
<input type="checkbox"/>	Payments out of available cash flow	<input type="checkbox"/>	Other:

OO. **PERFORMANCE DATA:** Provide relevant performance data that provides insight into the supportive service partner’s experience serving the target tenant population(s), and the outcomes for their tenants. Metrics could include the number of individuals served in a related program in a year, housing retention rates for individuals served in that program, connections to employment, etc.

PP. PROPERTY MANAGEMENT AND SERVICES PARTNER COLLABORATION: Describe how the supportive services partner, property manager, and the respondent will work together to ensure the best outcomes for tenants, such as housing retention (e.g., regular meetings between property management staff and supportive services provider to identify potential issues before they rise to the level of a noticed lease violation). If applicable, provide an example of how this partnership has worked to keep a tenant housed in other developments

EXPERIENCE AND QUALIFICATIONS

QQ. EXPERIENCE AND QUALIFICATIONS: Describe the experience and qualifications of your organization related to the development of multifamily housing for low-income households.

RR. PROPERTY MANAGEMENT: Describe the experience and qualifications of the organization that will be handling the ongoing property management.

If a Property Manager has yet to be identified, please describe how one will be selected.

PROJECT FINANCING

SS. BUDGET SUMMARY: Indicate the sources and uses of all funds for this project.

SOURCE	AMOUNT	USES	AMOUNT
TOTAL		TOTAL	

Which of the identified sources have been secured?

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TT. FUNDS NEEDED: In the space below, please describe why Dane County funds are needed to ensure the viability of this project.

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UU. OPERATING BUDGET: Complete the 20-Year Operating Budget, identifying the income and expenses, use additional pages as necessary. An Excel file may be submitted in lieu of the Operating Budget provided that it contains all of the same column and row headers.

OPERATING BUDGET

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
INCOME										
Gross Potential Rent										
Vacancy										
Other Income										
Total Income										
OPERATING EXPENSES										
Marketing										
Payroll										
Other Administrative Costs										
Management Fees										
Utilities										
Security										
Maintenance Expenses										
Property Taxes										
Insurance										
Reserves for Replacement										
Total Operating Expenses										
Net Operating Income										
Debt Service										
Asset Management										
Cash Flow										

	Year 11	Year 12	Year 13	Year 14	Year 15	Year 16	Year 17	Year 18	Year 19	Year 20
INCOME										
Gross Potential Rent										
Vacancy										
Other Income										
Total Income										
OPERATING EXPENSES										
Marketing										
Payroll										
Other Administrative Costs										
Management Fees										
Utilities										
Security										
Maintenance Expenses										
Property Taxes										
Insurance										
Reserves for Replacement										
Total Operating Expenses										
Net Operating Income										
Debt Service										
Asset Management										
Cash Flow										