

**HOUSING DEVELOPMENT FUND (HDF*)***

***2024 STATEWIDE EMERGENCY REPAIR PROGRAM (SERP)***

***APPLICATION: PART I***

When entering information, please use the “tab” key. Do not use the “enter” key.

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| **APPLICANT INFORMATION** |
| **Applicant Name:** |       |
| **Address:** |       |
| **City:** |       | **State:** |     | **Zip Code:** |       |
| **Phone:** |       | **E-mail:** |       |
| **Applicant Type: (Check one)** | [ ]  | **501(C)(3) nonprofit** | [ ]  | **Other** |
| [ ]  | **Local jurisdiction responsible for CDBG programs** |
| **APPLICANT CONTACT PERSON** |
| **Name:** |  |
| **Address:** |       |
| **City:** |       | **State:** |     | **Zip Code:** |       |
| **Phone:** |       | **E-mail:** |       |
| **PROGRAM INFORMATION** |
| **Program Name:** |       |
| **Brief Description of Program Location** (400 maximum characters)**:** |
|       |
| **Census Tract(s):** |       |
| **Proposed Eligible Activities:**  |
| Applicant agrees to perform only emergency-type repairs as defined by DSHA in the ERP guidelines? [ ]  YES [ ]  NO |
| Applicant agrees to limit repairs to $12,500 per unit/household ($17,500 per unit for roofs), unless approved by DSHA? [ ]  YES [ ]  NO |
| Applicant agrees to follow the service delivery, 3rd party contractor selection, homeowner eligibility and reporting requirements as defined in DSHA’s SERP guidelines? [ ]  YES [ ]  NO |
| **HDF FUNDING REQUEST** |
| **Total Funding Amount Requested:** |       |
| Which counties are you applying for?  |       |
| How many units will be proposed for emergency repairs with the funding request? |       |
| **TARGET INCOME/POPULATION** |  |
| What Area Median Income’s (AMI) will your program estimate to serve by percentage? [ ]  80%AMI \_\_\_\_\_\_\_\_\_ [ ] 60% AMI\_\_\_\_\_\_\_\_\_ [ ]  50%AMI\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] 30% AMI \_\_\_\_\_\_\_\_\_\_\_\_ |
| What population(s) will your program mainly target? (Check all that apply)[ ]  Family; [ ] Elderly [ ]  Disabled; |
| **PARTNER INFORMATION** |
| **Partner Name:**       |
| **Address:**       |
| **City:**       **State:**       **Zip Code:**       |
| **Role:**       |
| **PARTNER INFORMATION** |
| **Partner Name:**       |
| **Address:**        **State:**       **Zip Code:**       |
| **City:**       |
| **Role:**       |
| **QUALIFICATIONS OF APPLICANT** |
| 1. Has the Applicant, or any director, officer, general partner, voting member, developer, and identity of interest or otherwise affiliated entity, joint venture, or 10% or greater stockholder of the Applicant, ever filed a petition of voluntary bankruptcy?

 [ ]  YES [ ]  NO[ ]  N/A |
| 1. Has the Applicant or any Identity of Interest partner or otherwise affiliated entity of the Applicant been party to any litigation within the last five (5) years?

[ ]  YES [ ]  NO[ ]  N/A |
| 1. Does the Applicant have any unsatisfied judgements outstanding with any director, officer, general partner, voting member, developer, and identity of interest or otherwise affiliated entity, joint venture or 10% or greater stockholder of the Applicant?

[ ]  YES [ ]  NO[ ]  N/A |
| 1. Has the Applicant or ownership entity required to file reports with the Federal Securities and Exchange Commission or any state agency?

[ ]  YES [ ]  NO[ ]  N/A |
| 1. Has the Applicant ever been debarred or declared ineligible to participate in any federally- sponsored program or other government program?

[ ]  YES [ ]  NO[ ]  N/A |
| 6. Does the Applicant plan to partner with other nonprofit or local jurisdictions in this program? [ ]  YES [ ]  NO[ ]  N/A If yes, please explain. |
| **If yes, is answered to any of the above questions, please provide detail below: Attach separate page if necessary.** |
| **APPLICANT DECLARATION** |
| I, the undersigned, as the primary applicant, hereby apply to the Delaware State Housing Authority (DSHA) for HDF funding and attest that the information provided is, to the best of my knowledge, accurate.The Applicant covenants and agrees that, in the event Applicant makes false statements or otherwise provides information to DSHA with the intent to mislead DSHA, or otherwise violates the rules and regulations of DSHA, in addition to any other contractual remedies available to DSHA, DSHA may impose such sanctions as the Housing Director shall deem reasonable under the circumstances as are authorized by DSHA’s rules and regulations. In the event Applicant objects to any such sanctions in writing within thirty (30) days after notice of their imposition, Applicant shall have the right to have the imposition of sanctions reviewed at a public session of the Council on Housing (COH), and the parties agree that the COH shall have the right to recommend, modify, increase, suspend or cancel such sanctions and such decision shall be binding upon DSHA and Applicant.Furthermore, the applicant hereby certifies to DSHA that the applicant is not in any way any person who has been found guilty or pled guilty to any crime, including a felony, misdemeanor or offense involving fraud, dishonesty, deceit, breach of trust, embezzlement or any other financial crime.I/we fully understand that it is a Class A misdemeanor punishable by fines up to $2,300, up to one (1) year in prison, restitution, and other conditions as the court deems appropriate, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 11, Delaware Code, Section 1233.**Disclaimer**Applicant understands the information submitted in this application is for the purpose of applying to DSHA for funding consideration and that acceptance of such submission does not constitute approval by DSHA. |
| **Legal Name of Applicant:** |       |
| **Name of Authorized Signer:** |       |
| **Title of Authorized Signer:** |       |
| **Signature:** |  |