

2025-2026 Burlington HOME Consortium Application

Agency Name: _____

Agency Address: _____

Contact Person: _____

Phone Number: _____

E-Mail: _____

Project Name: _____

Project Address: _____

Project Narrative:

Brief Housing History of the Agency:

Number of Units to Be Built/Rehabbed: _____

Total Cost of Project: _____

Number of One BR Units: _____ Two BR Units: _____ Three BR Units: _____

Family or Senior or Special Needs Units: _____

<u>Sources of Funding</u>	<u>Amount Requested</u>	<u>Status</u>	<u>Terms</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments on Funding (If Clarification is Needed)

Use of Funding for this Application (purchase land, landscaping, etc.):

Amenities in Area

1. Distance from site to nearest full-service grocery store. ___ Miles
Name of grocery store: _____
Is there a sidewalk from the site to the grocery store? _____
2. Distance from site to nearest convenience store: _____ Miles
Name of convenience store: _____
Distance from site to nearest public school if family _____ Miles to project.
Name of school: _____
Distance from site to drug store, hospital, or doctor if _____ Miles to a senior project.
Name of Facility: _____

Ability to Proceed

1. Proper zoning in place at submission of this application. _____
2. Site(s) owned or under option at submission of application. _____
3. Will any persons be displaced as a result of this project? _____
4. Phase One completed with no requirements for Phase Two. _____
5. Construction loan approved (may be subject to other funding). _____

CHDO Status

1. Is the applicant applying as a certified CHDO? _____

Site Issues

1. Is the site within 1 mile of a junk yard, landfill, sanitation system, jail, airport, swamp, adult entertainment center or other noisy or air polluting facility? _____
2. Is any of the building(s) in a 100-year flood plain? _____
3. Is the site on a paved public road? _____

Funding

1. Amount of funding requested per unit. _____
2. Is all funding requested in this application to be a loan with payments? _____

Pro-forma

- 1. What is the debt service ratio at end of year one? _____
- 2. What is the debt service ratio at the end of year ten? _____

Documentation

Please Provide:

- A. Map showing site(s) location of site with full service grocery, convenience store public school labeled (in family) and medical facility (if senior). Note: Walk Score can be used. If site is beyond 2 miles no labeling is needed.
- B. If zoning is in place provide letter from zoning agency.
- C. If site(s) are under control of the agency provide documentation.
- D. If any funding is approved, provide document from funding provider stating it is approved. This to include construction loan.**
- E. Provide documentation Phase One is complete (if it is stated it is complete).
- F. Those seeking funds as a CHDO must complete updated certification request.
- G. Map showing site is or is not in 100-year flood plain.
- H. Copy of resolution by Board of Directors authorizing this application.
- I. Proforma for the project showing a minimum of ten years.
- J. Site plan.
- K. Elevations.
- L. Floor plans.
- M. Agency most recent financial audit.
- N. Agency current yearly budget.

Any additional comments for clarification:

Signed: _____
Title: _____
Date: _____