

LOCAL GOVERNMENT SPECIAL NEEDS HOUSING PROGRAM ("SNHP") SNHP FINANCING APPLICATION

ATTACHMENT A LOCAL GOVERNMENT CERTIFICATION

Number of SNHP Regulated Units Total rental units in this developme	•					
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SECTION A. MILLA DECOMARAC		-	NHP	Regulated UI	IIIS)	
SECTION A: MHA RECOMME	:NDED FINA	<u>NCING</u>				
SNHP Financing Offered by MHA	Maximum D Amoun		\$ Amt. per SNHF Regulated Unit			
Capital Loan (20 - 55 yr. term)	\$	\$		guiateu Om		(years)
Capitalized Operating Subsidy Reserve (COSR)* (17+ years)	\$	\$				
*CalHFA requires each COSR to be						
fund any shortfall (unless waived by a Approx. Term" if the Developer is req						
COSR is provided or required to sub-						
SECTION B: OPERATING SU	BSIDIES AV	AILABLE	E TC	SNHP RE	GULATE	STINIL O
Summary of SNHP Populated Unit		_		and the second second		
Summary of SNHP Regulated Unit			the Number	of Units b		
Summary of SNHP Regulat Subsidies - by Unit Siz		Studio o Single Bedroor	or e	One Bedroom	of Units b Two Bedroon	y Size Three
	ze	Studio o Single	or e	One	Two	y Size Three

SECTION D: DEVELOPMENT PROPOSAL ANALYSIS:

The MHA has reviewed the Project development proposal and prior to recommending financing, has analyzed, evaluated, or addressed each of the following:

- We have reviewed the entire Development team and Property Management firm's experience developing, operating, or managing permanent supportive housing;
- We have reviewed the proposed Project design to ensure it meets the needs of the proposed population (i.e. Project amenities, furnishings, onsite supportive service offices or areas, and community space with handicap bathrooms – if applicable);
- We have confirmed the SNHP unit rents won't exceed 30% of 30% of Area Median Income (unless special circumstances warrant a waiver as described below in Section G);
- We have advised the Developer and they understand that SNHP units subsidized by COSR require
 minimum rent payments that are the higher of a) 30% of SSI/SSP less utilities unless included in rent; or b)
 30% of household income; less a utility allowance unless included in the rent;
- We have confirmed the SNHP Regulated Units include living, sleeping, and kitchen areas, and full bathroom(s) consisting of a toilet, sink and shower and/or bathtub. The kitchen area, at a minimum, has a sink, refrigerator, cupboard space, counter area, microwave and/or oven (depending on unit size), and a two-burner stove or built-in cook top. We have also advised the Developer whether they need to furnish the SNHP regulated units;
- We have advised the Developer that any SNHP regulated units operated as shared housing, require lockable bedrooms as bedrooms are rented individually to MHSA eligible clients;
- We will regularly verify the MHA's fund account balance with CalHFA and maintain our own fund balance reports and track Project specific allocations of funds. Prior to submittal of this SNHP Application to CalHFA, we verified that CalHFA has sufficient funds in our SNHP account to cover the proposed financing for this Project and all previously submitted and active SNHP financing requests.

SECTION E: COMMITMENT TO PROVIDE MENTAL HEALTH SERVICES:

For the duration of the SNHP Loan the MHA commits to provide, or contract and pay for, the mental health supportive services described in our approved Supportive Service Plan for the MHSA eligible clients occupying SNHP regulated units in this Project (a draft of which is attached hereto as Attachment A-1 to the SNHP Financing Application).

The Project's final approved Supportive Service Plan shall include:

- 1. A detailed Project description with unit amenities and a description of any special design requirements necessary to meet the needs of the targeted MHSA residents;
- 2. A description of the eligible MHSA client population (TAY, Family or Seniors);
- 3. A description of any permissible occupancy **preferences** that may be given to a particular sub-class of MHSA eligible clients (i.e. veterans, the chronically homeless, etc.)
- 4. A description of any permissible occupancy **restrictions** that may overlap the SNHP Regulated Units and impose more stringent occupancy requirements to a specific sub-class of MHSA clients (i.e. veterans, the chronically homeless, etc.);
- 5. A tenant selection plan and tenant eligibility certification requirements;
- 6. A waiting list referral process and parameters for establishing new or updated waiting lists; and
- 7. A summary of the mental health supportive services funded by MHA for the Project's MHSA residents.

SECTION F: FAIR HOUSING CERTIFICATION:

The MHA has selected and approved financing for this Project and acknowledges and understands the following:

- That CalHFA **is not** reviewing the Project or proposal for compliance with state or federal fair housing or non-discrimination laws, including without limitation the Fair Housing Act, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act, which may apply to the Project.
- That state and federal fair housing and non-discrimination laws may impact occupancy restrictions imposed by the SNHP, or other funding regulatory provisions that the MHA has agreed to allow the Developer to overlay the SNHP regulated units (per Attachment B-1 to the SNHP Application).
- Changes in interpretations or enforcement of state or federal fair housing or non-discrimination laws or regulations may result in CalHFA making changes to the SNHP loan documents to ensure compliance.
- Unless required by the MHA, such changes to the SNHP loan documents will not trigger a request by CalHFA for an early loan payoff of either principal or accrued interest.

SECTION G: PROJECT COMMENTS / WAIVERS / OR CONDITIONS OF FUNDING:							
SECTION H: MHA FINAL CERTIFICATION:							
I hereby certify under penalty of perjury that I am the official responsible for the administration of lo Behavioral or Mental Health Services ("Local Government"), that this proposal does not result in the splantation of funds as set forth in Welfare and Institutions Code Section 5891, and that to the best of knowledge and belief, all statements on this form are true and correct.	sup						

By: _____ Date Signed: _____

Name: _____

Title: _____
Agency Name:

Attachment: A-1 - Draft Supportive Service Plan (final required prior to SNHP Loan closing)