



Atlanta Housing Co-Investment Fund Initiative Pre-Application *As of August 2024*

Atlanta Housing's Co-Investment Fund Initiative provides the opportunity to support the creation and preservation of affordable housing on land not AH-controlled prior to a financial closing. Please refer to the Atlanta Housing Co-Investment Fund Initiative Loan Products and Guidelines for more information. The process of applying for AH investment begins with submission of this pre-application. This is non-binding and provides an opportunity for a first look at affordable housing transactions to determine feasibility and alignment with AH funding requirements. If accepted, AH will invite the applicant to apply for funding. Atlanta Housing only invests in projects within the City of Atlanta and is contingent upon funding availability.

For projects seeking project-based rental assistance, please refer to AH's open solicitations, which includes the Faircloth-to-RAD Notice of Funding Availability (NOFA) and submission guidelines. <https://www.atlantahousing.org/doing-business-with-ah/solicitations/>

Key Investment Requirements

Please note that projects receiving AH Investments must meet the following requirements. This is not an exhaustive list, but items that most often affect timing and deal structure. More information is found in the Program Guidelines and Requirements document. The information below is provided to assist the Respondent in determining if the project is eligible for AH financing.

- Affordability restrictions must be 30 years or coterminous with AH investment (whichever is longer);
- AH funds may only be utilized to support the development of units that are available to households whose income does not exceed 80% of the HUD Area Median Income for both rental and for-sale ("Affordable Units"); but may be used to cover the costs of development of the affordable units in a mixed-income development;
- Proposed AH-assisted costs must meet HUD per-unit current HUD Total Development Cost guidelines¹ (updated annually);
- Project is subject to a HUD Environment Assessment, and must pass a Phase I and/or Phase II Environmental Review;
- Project is subject to Davis Bacon Wages Requirements;
- Project is subject to and must pass an Accessibility & Design Review;
- Project will be subject to HUD underwriting approvals;
- Project is subject to Buy America Build America (BABA) compliance;
- Project-based subsidies will be considered on a case-by-case basis if available, but AH-assisted rental units cannot exceed 50% of all units in the project.

¹ https://www.hud.gov/sites/dfiles/PIH/documents/TDCs_2022.pdf

General Information

| | | | |
|--------------------------------|--|-------------------------------|--|
| Sponsor | | Contact Name | |
| Project Name | | Title | |
| Project Address | | Company Name | |
| Project Request | Check all that apply: <input type="checkbox"/> Acquisition & Ground Lease <input type="checkbox"/> Acquisition Only <input type="checkbox"/> Construction Loan <input type="checkbox"/> Bridge Loan <input type="checkbox"/> Permanent Loan | Email address | |
| | | Phone Number | |
| | | Total Units | |
| Total Amount of Request | | Total Affordable Units | |

Minimum Threshold Criteria

As a public housing authority, AH has certain statutory and regulatory requirements and obligations to HUD. Additionally, AH has program goals and preferences. To determine eligibility in advance of submitting a full application, please confirm the following requirements and guidelines below. A Minimum Threshold Report is required as an attachment (below) to assist in verifying some of these details.

I. Mandatory Requirements

Please confirm the project meets these mandatory requirements:

- The project is located within the City of Atlanta²;
- There are no conflicts of interest between the Parties, and between AH and any of the parties, as defined in the attached form;
- There is no HUD debarment of any party³; no party is indebted to AH;
- The proposed project includes units for households earning up to 80% AMI;
- The lead developer has a positive current asset/liability ratio within the past 24 months, as evidenced by financial statements or audited financials;
- Proof of site control.

AND

One of the following:

- The Project proposes the creation of new affordable units, through new construction or preservation of existing units reserved for or currently occupied by households up to 80% AMI or facing displacement;
- The Project is not located in a census tract with greater than 50% non-white **AND** 40% poverty concentration;

² Jurisdiction can be confirmed here: <https://egis.atlantaga.gov/app/home/index.html>

³ For more information on HUD debarment and other exclusions, please see https://www.hud.gov/program_offices/enforcement/debarments.

- The Project is located in a neighborhood with a recognized gentrification risk as determined by local rates of change of key indicators, and shown on the Minimum Threshold Criteria report;
- The Project is located in a federal, state, or local designated revitalization area or area of opportunity.

II. Co-Investment Initiative Preferences

Please check all that apply to the proposed development or development team:

- Project is located within 1 mile of former or current AH public housing site;
- Project is located within 1 mile of MARTA rail station, or ½ mile bus stop with 2 or more routes;
- Project is anticipated to close within 12 – 18 months;
- Exclusive right to the site (by title deed, or by contractual agreement);
- Phase 1 Environmental Site Assessment has begun and is due to be completed by (date): _____
- Successful Public Housing Authority partnership or demonstrated affordable housing track record;
- M/W/D/BE participation or ownership in the development entity;
- Development includes sustainably-certified affordable units, such as LEED or Earthcraft; and
- Developer is ready for financial closing within 12 months of application, pending AH and HUD approvals.

Project Overview

Please answer the questions below to the fullest extent possible regarding the project, its status, and the development team. Please attach supporting documentation as available, and list the documents attached.

| | |
|--|--|
| <p>1. The Project</p> | <p>Please provide a short narrative of the project, the development program, its location and local context, and how the project will positively impact the neighborhood. Include the project’s target market, proposed affordability (in particular, number of units targeting up to 80% AMI), and overall financial structure (proposed capital stack, funders and potential timing of awards). <u>Please attach and list any supporting documents provided, including maps, site plans, market studies or analyses, budgets and proformas, and the Minimum Threshold Criteria report (instructions below).</u></p> |
| <p>2. Status of the Project</p> | <p>Please describe status of the project, in particular the status of financing, site control, developer or team designations, and key milestones, including proposed financial closing date. Has the project team had any community engagement on this project, and what has been the community response? Describe contact with community organizations and the community support for the proposed project. <u>Please attach and list any supporting documents provided, including deeds or contracts, commitment letters, schedules, developer designations, community meeting minutes or support letters.</u></p> |
| <p>3. The Development Team</p> | <p>Please list the development team, the team’s structure, and each member’s experience in affordable housing development, in Atlanta, with Atlanta Housing, and working together as a team. <u>Please attach and list any supporting documents provided, including proposed organizational charts and members’ ownership share, most recent financial statements, resumes, previous project descriptions, awards or joint venture agreements.</u></p> |

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AH Request

For each type of funding support requested, please **describe the support** requested from Atlanta Housing, including amount(s), terms and proposed structure (including repayments), and role for Atlanta Housing. **Please include any urgent or notable deadlines or next steps.**

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Signature and Date

By signing below, I agree that the information provided is accurate and truthful. I understand that this is not an application for funding, but a request to be considered to apply for funding from Atlanta Housing.

Name

Signature

Date

All requests for investment and assistance are subject to final approval of Atlanta Housing’s Board of Commissioners, and the US Department of Housing and Urban Development (HUD). Submission of an application for investment opportunity to Atlanta Housing does not entitle any party to receive an award of assistance or investment from Atlanta Housing and creates no contractual obligation for Atlanta Housing. Developers submit information at their sole cost and expense and AH is not required to reimburse any applicant for any expenditures nor is it required to return any materials submitted for review.

Submission Instructions

To access AH investment, applicants must first submit this preapplication for funding to provide an initial review of the project to ensure it meets all mandatory and minimum threshold criteria to advance to an application and underwriting.

- 1) Download and complete this preapplication;
- 2) Along with this form, provide the following attachments:
 - a. **Most recent financial statements, and or audits**, whichever is available;
 - b. **“Respondent Disclosure Certification,”** below, signed and notarized;
 - c. **“Clean Hands Certification,”** below, signed and notarized;
 - d. **“Contractor Affidavit,”** below, signed and notarized;
 - e. **A Minimum Threshold Criteria Report**, which can be accessed here:
<https://atlantahousing.policymap.com/newmaps#/>
 - 1 – Click “Reports” in the top right hand corner
 - 2 – Click “Specify A Radius Around A Point”
 - 3 – Enter the Project Address, enter “1” mile, and click “Continue”
 - 4 – Enter the Project Name and “Save Custom Region”
 - 5 – Click “Get Report,” and once the report is rendered (it may take a few minutes), click “Download Report” to save, and include as an attachment.
- 3) Upon completion, send this Pre-Application and all associated attachments to:
CoInvestment@atlantahousing.org

RESPONDENT DISCLOSURE CERTIFICATION

All Respondents responding to this Solicitation must submit a *Respondent Disclosure Certification*. This Certification must be completed accurately and must be *notarized*. If a financial or personal interest exists (i.e., if you answer yes to any question), Respondents must make a full and separate disclosure as described in the *Financial or Personal Interest Disclosure* section of this Respondent Disclosure Certification.

For purposes of this Respondent Disclosure Certification, the following terms shall have the meanings ascribed below:

AHA employee means persons who work at AHA as a full time, part time, temporary or contract employee. **Current** means as of the date that this disclosure is made. **Former** means within the last 12 months from the date of this disclosure. **Interest** means any interest that may yield monetary or other material gain or benefit. **Immediate family member** means spouse, mother, father, brother, sister, child (whether related as a "half" or "step" relative, e.g., half brother or stepchild) partner or a significant other living in the same household. **Public official** means any public official, member of the local governing body or State or local legislator, members of or delegate to the Congress of the USA or resident commissioner. **Resident Commissioner** means an individual appointed to oversee a territory or possession of the U.S.

Please respond to each question by circling the applicable response. If your answer is "YES" to any question, please see the *FINANCIAL OR PERSONAL INTEREST DISCLOSURE* section.

AHA EMPLOYEE DISCLOSURES

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|----|--|-----|----|
| 1. | DO YOU EMPLOY A CURRENT OR FORMER AHA EMPLOYEE OR ANY IMMEDIATE FAMILY MEMBER OF A CURRENT OR FORMER EMPLOYEE OF AHA? | YES | NO |
| 2. | DO ANY CURRENT OR FORMER AHA EMPLOYEES OR IMMEDIATE FAMILY MEMBERS OF CURRENT OR FORMER AHA EMPLOYEES HAVE A DIRECT OR INDIRECT INTEREST IN YOUR BUSINESS? | YES | NO |

AHA BOARD OF COMMISSIONERS DISCLOSURES

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|----|--|-----|----|
| 3. | DO YOU EMPLOY CURRENT OR FORMER OFFICERS OR MEMBERS OF AHA'S BOARD OF COMMISSIONERS OR ANY IMMEDIATE FAMILY MEMBERS OF THE BOARD OF COMMISSIONERS? | YES | NO |
| 4. | ARE YOU OR ANY PERSON EMPLOYED BY YOUR BUSINESS CURRENT OFFICERS OR MEMBERS OF AHA'S BOARD OF COMMISSIONERS? | YES | NO |
| 5. | DO ANY CURRENT OFFICER OR MEMBER OF AHA'S BOARD OF COMMISSIONERS OR IMMEDIATE FAMILY MEMBERS OR CURRENT OR FORMER MEMBERS OF AHA'S BOARD OF COMMISSIONERS HAVE A DIRECT OR INDIRECT INTEREST IN YOUR BUSINESS? | YES | NO |

PUBLIC OFFICIALS DISCLOSURES

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| 6. | DO YOU EMPLOY CURRENT OR FORMER PUBLIC OFFICIALS OR ANY IMMEDIATE FAMILY MEMBERS OF PUBLIC OFFICIALS? | YES | NO |
| 7. | DO ANY CURRENT OR FORMER PUBLIC OFFICIALS HAVE A DIRECT OR INDIRECT INTEREST IN YOUR BUSINESS? | YES | NO |

I, _____, an officer authorized to make this certification on behalf of Respondent, _____, hereby certify and swear that the information provided above regarding Respondent is true and correct as of the date that this Certification is made and that Respondent has no known conflicts of interests or personal or financial interests in this Solicitation or the subsequent Contract.

I understand that Respondent is responsible for updating this information and providing all disclosures to AHA as soon as such information is discovered by Respondent or as soon as such information should have been discovered by Respondent. I understand that failure to provide such disclosure may lead to termination of any Contracts entered into between Respondent and AHA. I also understand that failure to provide such disclosure may lead to a negative note on AHA's Vendor Performance Record.

Sworn to and subscribed
Before me this ____ day
Of _____, 201__

Signed: _____
Name: _____
Title: _____

Dated: _____

NOTARY PUBLIC _____

FINANCIAL OR PERSONAL INTEREST DISCLOSURE

Respondents having a financial, contractual, organizational or personal interest in this Solicitation or subsequent Contract shall make an immediate, full and complete disclosure in writing to the Office of the General Counsel in the form of a *Disclosure Statement*.

All Disclosure Statements must be presented on the Respondent's letterhead, notarized and signed by the individual making the disclosure.

Each disclosure shall include, if applicable:

- Name and address of business
- Names of individuals involved/associated with AHA and Respondent
- Social security numbers and Tax Payer Identification of business and individuals involved
- Title of individuals named
- Description of the nature of the personal/financial/contractual/organizational interest
- Type of immediate family member involved
- Value of financial interest
- Other pertinent information

CLEAN HANDS CERTIFICATION

I, _____, an officer authorized to make this certification on behalf of Respondent, _____, hereby certify and swear that:

1. Respondent does not owe AHA more than \$100 pursuant to a contract or other transaction;
2. Respondent does not have a civil or criminal dispute or action against AHA whatsoever, whether procedural, administrative, legal or otherwise; and
3. Respondent has done nothing, whether by threat or written or verbal action, to assert a civil or criminal dispute or action against AHA, whether procedural, administrative, legal or otherwise (including any appeal or review of any of the foregoing actions).

Respondent understands that falsifying information on this Certification may lead to termination of the resulting contracts or transactions entered into between Respondent and AHA.

Sworn to and subscribed
Before me this ____ day
Of _____ 20__

NOTARY PUBLIC _____

Signed: _____ Dated: _____
Name: _____
Title: _____

Waiver Requests. Respondents who are not able to certify to the above statements may request a waiver by contacting the Contact for this solicitation in writing. If applicable, provide the following:

- Describe the reason for the waiver request
- State the amount owed to AHA
- Indicate whether the amount owed may be paid to AHA within 30 days of the request for waiver
- If not, indicate whether Respondent is willing to agree to a payment schedule, the amount to be paid and at what intervals, and the time table when the total amount may be expected to be paid in full
- Describe the dispute or action taken against AHA
- Indicate whether the dispute or actions can be resolved within 30 days and what actions have been taken to resolve the dispute or action
- Provide any pertinent information to waive compliance with the Clean Hands Policy

The Clean Hands Policy was authorized by AHA's Board of Commissioners to protect the interests of AHA. The grant of a waiver is solely in the discretion of AHA. Requesting a waiver does not guarantee a waiver of compliance with the Policy.

Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

The undersigned contractor ("Contractor") executes this Affidavit to comply with O.C.G.A. § 13-10-91 related to any contract to which Contractor is a party that is subject to O.C.G.A. § 13-10-91 and hereby verifies its compliance with O.C.G.A. § 13-10-91, attesting as follows:

- a) The Contractor has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program;
- b) The Contractor will continue to use the federal work authorization program throughout the contract period, including any renewal or extension thereof;
- c) The Contractor will notify the public employer in the event the Contractor ceases to utilize the federal work authorization program during the contract period, including renewals or extensions thereof;
- d) The Contractor understands that ceasing to utilize the federal work authorization program constitutes a material breach of Contract;
- e) The Contractor will contract for the performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the Contractor with the information required by O.C.G.A. § 13-10-91(a), (b), and (c);
- f) The Contractor acknowledges and agrees that this Affidavit shall be incorporated into any contract(s) subject to the provisions of O.C.G.A. § 13-10-91 for the project listed below to which Contractor is a party after the date hereof without further action or consent by Contractor; and
- g) Contractor acknowledges its responsibility to submit copies of any affidavits, drivers' licenses, and identification cards required pursuant to O.C.G.A. § 13-10-91 to the public employer within five business days of receipt.

Federal Work Authorization User Identification Number

Date of Authorization

Name of Contractor

Name of Project

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____, 20____ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 20____.

NOTARY PUBLIC
My Commission Expires: _____