



**HOME Investment Partnership Application**

**Applicant Information**

Organization Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Type of Funds Requested (circle one): Loan Grant

Federal ID Number (DUNS #): \_\_\_\_\_ To register: <https://www.bpn.gov/ccr/default.aspx>

Designated Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Type of Organization**

Check all that apply:

<input type="checkbox"/>	Nonprofit
<input type="checkbox"/>	Community Housing Development Organization (CHDO)
<input type="checkbox"/>	Private For-Profit Developer
<input type="checkbox"/>	Homeowner
<input type="checkbox"/>	Other (Please Specify)

**Project Information**

Project Name: \_\_\_\_\_ Project Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip : \_\_\_\_\_

Type of Project (check all that apply):

<input type="checkbox"/>	Rental – New Construction
<input type="checkbox"/>	Rental – Rehabilitation
<input type="checkbox"/>	Homeownership – New Construction

	Homeownership – Rehabilitation
	Community Housing Development Organization (CHDO) - New Construction
	Community Housing Development Organization (CHDO) – Rehabilitation
	Community Housing Development Organization (CHDO) – Operating
	Other (please specify)

Project Description (100 words or less):


**Disclaimer and Signature**

*I certify that to the best of my knowledge the statements in this application, including all supporting documentation, are true and correct.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

## HOME Investment Partnership Application Checklist

Checklist for Required Documents - Please Submit in Order Listed	Rental - New Construction	Rental - Rehabilitation	Homeownership - New Construction	Homeownership - Rehabilitation	Community Housing Development Organizations (CHDO)
Attachment A – Statement of Assurances	X	X	X	X	X
Attachment B – Acquisition of Land or Building (if applicable)	X	X	X	X	X
Attachment C – Davis-Bacon Exception Checklist	X	X	X	X	X
Attachment D – Insurance Requirements	X	X	X	X	X
Attachment E – Debarred or Suspended Vendor’s Assurance	X	X	X	X	X
Attachment F – W-9 Taxpayer Identification Number and Certificate	X	X	X	X	X
Attachment G – Affidavit of Low-Income Board Representation					X
Attachment H – Religious or Faith Based Organization Certification (if applicable)	X	X	X	X	X
Attachment I – Affidavit of Standards for Financial Management Systems	X	X	X	X	X
Attachment J – Section 3 Business Certification	X	X	X	X	X
Proof of Ownership (in the form of a recorded document)	X	X	X	X	X
Detailed Description of Scope of Work	X	X	X	X	X
Sources and Uses Statement (must account for all funds including requested funds)	X	X	X	X	X
Operating Pro Forma	X	X			
Letter(s) of Firm Financial Commitment (all funding sources public and private)	X	X	X	X	X
Site Plan (before and after)	X	X	X	X	X
Appraisal (before and after from a certified real estate appraiser)	X	X	X	X	X
List of Key Personnel (include responsibilities on project and qualifications)	X	X	X	X	X
Developer Capacity Workbook	X	X	X	X	X
Development Schedule	X	X	X	X	X
Documentation of Current Property Condition (can be done with an inspector from Building Safety or Community Development)	X	X	X	X	X
List of Current and Past 2 Years of Board Members (must include contact information and place of employment)					X
Certificate of Incorporation Under Authority of the State of Texas	X	X	X	X	
IRS Determination Letter	X	X	X	X	X
Proposed Operating Budget during Project	X	X	X	X	X
Most Recent Financial Audit	X	X	X	X	X
History of Funding from HOME and/or CDBG (please specify)	X	X	X	X	
Staff Allocation Plan (must include job descriptions)					X
Detailed Construction Cost Estimate (must include full project scope from start to finish)	X	X	X	X	X
Market Study/Needs Assessment	X	X	X	X	X
Relocation: General Notice to Tenants and Proof of Delivery	X	X			
Relocation Plan	X	X			
List of all Subcontractors	X	X	X	X	X
Signed Copy of Partnership Agreement (if applicable)	X	X	X	X	X
Projected Sales Analysis – based on reasonable range of low-income buyers			X	X	X

## **ATTACHMENT A**

### **APPLICANT STATEMENT OF ASSURANCES AND CERTIFICATIONS**

The application must adhere to the following assurances and certification, that it:

- 1) possesses legal authority to apply for the loan/grant and to execute the proposed project, and its governing body has duly adopted or passed as an official act a resolution, motion or similar action authorizing the filing of the application, including all understandings and assurances required, and directing and authorizing the applicant's chief executive officer and/or other designated official representatives to act in connection with the application and to provide such additional information as may be required;
- 2) will give the City, the U.S. Department of Housing and Urban Development (HUD), and any City authorized representatives access to and the rights to examine all records, books, papers or documents related to the application and grant;
- 3) has provided for and encouraged citizen participation, with particular emphasis on participation by persons of low and moderate income who are residents of areas in which CDBG and/or HOME funds are proposed to be used; by:
  - I. providing citizens with reasonable and timely access to local meetings, information, and records relating to its proposed and actual use of CDBG, and/or HOME funds;
  - II. furnishing citizens information concerning the amount of funds available for proposed housing activities and the range of activities that may be undertaken, including the estimated amount proposed to be used for activities that will benefit persons of low and moderate income. Its plans for minimizing displacement of persons as a result of activities assisted with CDBG and/or HOME funds and its plan for assisting persons actually displaced as a result of such activities;
  - III. publishing a proposed project plan/application in such a manner to afford citizens an opportunity to examine its content and to submit comments on the proposed project plan/application and on the community development performance of the jurisdiction(s);
  - IV. holding one or more public meetings, to obtain citizens view and responses to proposals and questions related to community development and housing needs, proposed activities and past CDBG and/or HOME performances. All meetings were held no sooner than five days after notice, at times and locations convenient to potential or actual beneficiaries, and with accommodation for the handicapped.
  - V. providing for a timely answer to written complaints and grievances, within 15 working days where practicable; and
  - VI. identifying how the needs of non-English speaking residents will be met in the case of public meetings where a significant number of non-English speaking residents can be reasonably expected to participate.

\_\_\_\_\_  
Signature, Executive Director/President

\_\_\_\_\_  
Date

**ATTACHMENT B**  
**ACQUISITION OF LAND AND/OR BUILDINGS SUGGESTED FORMAT FOR LETTER TO OWNER**  
**(Replace this form with your signed letter on agency letterhead)**

**Date:**

**Owner Name:**

**Owner Address:**

**Re:           Property at: (list address here)**  
**Purchase Price:**  
**\_\_\_\_\_ Buyer (agency, developer, or community name)**

**This is to inform you that (buyer) would like to purchase the property listed above. We have offered you the purchase price listed above for clear title to the property under the conditions described in the contract of sale.**

**Because Federal funds may be used in the purchase, however, we are required to disclose to you the following information:**

**1.           This sale is voluntary. If you do not wish to sell, (buyer) will not acquire your property. (Insert buyer's name) does not have the authority to acquire your property by force.**

**2. \_\_\_\_\_ We estimate the fair market value of the property to be \$ \_\_\_\_\_: (value).**

**Since the purchase would be a voluntary, arm's length transaction, you would not be eligible for relocation payments or other relocation assistance under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA), or any other law or regulation.**

**If you have any questions about this matter, please contact (contact person) at (phone number).**

**Sincerely,**

**Applicant signature: \_\_\_\_\_ Date:**

**I have read the above and agree with the statements therein:**

**Owner signature: \_\_\_\_\_ Date:**

**Check here if this is not applicable to your project Reason: \_\_\_\_**

\_\_\_\_\_

**ATTACHMENT C  
DAVIS-BACON EXCEPTION CHECKLIST**

**EXCEPTIONS**

The Applicant \_\_\_\_\_ affirms that (part/all) of its HOME project is exempt from Davis-Bacon Prevailing Wage Rate Provision because:

- \_\_\_ a) The prime construction contract funded in whole or in part with CDBG/HOME funds is less than \$2,000.
- \_\_\_ (b) The entire project consists solely of demolition. (CDBG Only)
- \_\_\_ (c) CDBG funds will be used for rehabilitating property that was designed for fewer than eight (8) households (See Note\* Below)
- \_\_\_ (d) HOME funds will be used for construction or rehabilitating property that was designed for fewer than 12 HOME- designated units (See Note \*\* Below)
- \_\_\_ (e) Part/all of the project consists solely of delivery of goods or services. (No construction contract.)
- \_\_\_ (f) Part/all of the project will be done through a force account. (See Note\* Below)
- \_\_\_ (g) There are no federal monies in the construction contract.
- \_\_\_ (h) All or a portion of the CDBG/HOME funds shall be used for the purchase of equipment:
  - 1) Installation of equipment is incidental (less than 13% of the total cost (equipment PLUS installation - this requires a separate quote for equipment and the installation);
  - 2) NO installation costs are included in the purchase of equipment.
- \_\_\_ (i) Proceeds of the CDBG/HOME loan shall be used for working capital ONLY.
- \_\_\_ j) The CDBG funds are used for acquisition ONLY and there is no construction.

**NOTE:**

\*Any employees hired through a force account for a CDBG funded project will be considered Section 3 employees.  
\*\*Grantee should confirm with the City monitor regarding this option. Clarification is necessary because some housing type projects will qualify as PUBLIC facilities and not as HOUSING.

**NO EXCEPTIONS - DAVIS BACON APPLICABLE**

\_\_\_\_\_ If there is no exemption, check here if Davis-Bacon is applicable to your project

Reason Davis-Bacon is triggered: \_\_\_\_\_

Are Davis-Bacon wages included in construction cost estimates?  YES  NO

What staff member will monitor compliance with Davis- Bacon? \_\_\_\_\_

\_\_\_\_\_  
Signature, Executive Director/President

\_\_\_\_\_  
Date

## Attachment D Insurance Requirements

### SUBSECTION 2.04 CERTIFICATE OF INSURANCE REQUIREMENTS

Without limiting any of the other obligations or liabilities of the Contractor, the Contractor shall provide minimum insurance coverage as listed below, prior to the execution of the contract and maintain coverage, without interruption provided by an insurer of a Best Rating of B+ or better, until the work is completed and accepted by the City. A certificate of insurance will be placed on file with the contracting department of the City of Amarillo prior to the execution of the contract.

<b>TYPE OF COVERAGE</b>	<b>MINIMUM LIMITS</b>
<b>WORKERS' COMPENSATION - Coverage A</b>	Statutory
	<b>\$100,000</b>
<b>EMPLOYERS LIABILITY - Coverage B</b>	<b>\$500,000</b>
Bodily Injury by Accident - each accident	<b>\$100,000</b>
Bodily Injury by Disease - policy limit	
Bodily Injury by Disease - each employee	
<b>NOTES:</b>	
Worker's Compensation insurance shall include a Waiver of Subrogation in favor of the City of Amarillo	<b>\$500,000</b>
<b>COMMERCIAL GENERAL LIABILITY:</b>	<b>\$500,000</b>
Coverage A - Each Occurrence	<b>\$500,000</b>
Coverage B - Personal & Advertising Injury	<b>\$500,000</b>
General Aggregate Other Than Products/Completed Operations	
Products/Completed Operations Aggregate	
<b>NOTES:</b>	
1) Coverage for explosion, collapse, & underground property hazards cannot be excluded.	
2) Contractual liability coverage cannot be excluded.	
3) Contractor will assume all liability for independent subcontractors.	
4) Coverage must include the City of Amarillo as an Additional Insured for all work performed for or on behalf of the City.	
<b>AUTOMOBILE LIABILITY:</b>	<b>\$250,000</b>
Bodily Injury Liability - Each Person	<b>\$500,000</b>
Bodily Injury Liability - Each Occurrence	<b>\$100,000</b>
Property Damage Liability - Each Occurrence	
<b>NOTES:</b>	
1) Coverage must include all owned, hired and non-owned autos.	
2) Coverage must include City of Amarillo as an additional insured.	
<b>OWNER-CONTRACTOR PROTECTIVE POLICY FOR WATER, SEWER, STORMSEWER OR PROJECTS WITH OVER HEAD CONSTRUCTION</b>	
Each Occurrence	<b>\$500,000</b>

In the event of any material change, non-renewal or cancellation of any policy, contractor's insurance company will give thirty (30) days actual prior written notice to the contracting department of the City of Amarillo for such changes or cancellation.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/01/00

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b>  Any Company 1234 Purchasing Drive Amarillo, TX 79000-1111	<b>CONTACT NAME:</b> First Pick Insurance Company														
	<b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> _____														
<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr><td>INSURER A :</td><td></td></tr> <tr><td>INSURER B :</td><td></td></tr> <tr><td>INSURER C :</td><td></td></tr> <tr><td>INSURER D :</td><td></td></tr> <tr><td>INSURER E :</td><td></td></tr> <tr><td>INSURER F :</td><td></td></tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A :		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															
<b>INSURED</b>  Motivation, Inc. 3890 Ambition Drive Amarillo, TX 79124-1000															

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X		PQR 9101112	01/01/00	01/01/01	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 500,000 PRODUCTS - COM/OP AGG \$ 500,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X		XYZ 9101112-1	01/01/00	01/01/01	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 250,000 BODILY INJURY (Per accident) \$ 500,000 PROPERTY DAMAGE (Per accident) \$ 100,000
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED _____ RETENTION \$ _____						EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	ABC 9101112-2	01/01/00	01/01/01	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
  
Certificate Holder is named as Additional Insured as respects the Auto & General Liability & Waiver of Subrogation in favor of the City of Amarillo applies to Work Comp for all work performed on behalf of the City.

**CERTIFICATE HOLDER**                      **CANCELLATION**

City of Amarillo Attn: Purchasing Dept. P.O. Box 1971 Amarillo, TX 79105	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE
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# Attachment E

## NO AWARD TO DEBARRED OR SUSPENDED VENDOR'S ASSURANCE

Revised

Any contracting entity or any principals of contracting entities that are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal, State or Local Government entity may be considered ineligible to be awarded a contract by the City of Amarillo.

Any contracting entity or any principals of contracting entities that are within a three-year period preceding any bid or proposal convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or Local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; may be considered ineligible to be awarded a contract by the City.

Any contracting entity or any principals of contracting entities that are presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or Local) with commission of any of the offenses enumerated in paragraph two may be considered ineligible to be awarded a contract by the City.

Any contracting entity or any principals of contracting entities that within a five year period preceding the application of proposal being evaluated had any public transactions, or contracts (Federal, State, or Local) terminated for cause or default, may be considered ineligible to be awarded a contract by the City.

Any contracting entity or any principals of contracting entities that are within a five year period preceding the application or proposal being evaluated had in the course of any public transactions (Federal, State, or Local) forfeited, payment or a performance bond on any contracted job, may be considered ineligible to be awarded a contract by the City.

Any contracting entity or any principals of contracting entities that involve the City in any kind of litigation without the express written permission of the City may be considered ineligible to be awarded a contract by the City.

Any contracting entity that fails to comply with City Policies and Procedures by starting any work without proper authorization from the Purchasing Department in writing and in hand prior to the commencement of the job or project may be disqualified or suspended for failure to comply with City Policies and Procedures. Any entity that knowingly or unknowingly assists or facilitates any employee of the City in avoiding or circumventing any City Purchasing Policy or Procedure may be subject to debarment or suspension for failure to comply with City Purchasing Policies and Procedures.

If in the course of any job or contract, any of the above items occur and the contractor may become, ineligible for public transactions with any Federal, State or Local agency, the City may have the right to take any steps it considers necessary to insure the timely and successful completion of the pending contract. This may include anything from additional monitoring and reporting requirements up to suspension and removal of a contractor or subcontractor from a jobsite.

**The Federal Excluded Parties List and the City's Excluded Parties List must be verified by the Purchasing Department and the recommended vendor must be declared eligible for award in writing, prior to any award.**

By signing this form the bidder acknowledges that they have read this entire document and certifies by their signature that none of the above exclusions apply to their company or business entity. Failure to return this executed document with submitted bid documents may cause the bid to be deemed as unresponsive.

Signed \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_ Date \_\_\_\_\_

This document must be signed by a person authorized to bind the company in a contract.

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
<b>2</b> Business name/disregarded entity name, if different from above	
<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code	
<b>7</b> List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>	
<b>or</b>	
<b>Employer identification number</b>	

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding, later*.

# Attachment G (page 1 of 2)

## Affidavit of Low-income Board Representation - Low income Representative

### *Board members meeting Low Income Representation requirement must complete this affidavit*

I \_\_\_\_\_ represent the interests of low-income families in this organization's targeted service area. I have checked the below manner in which I meet the qualification as a low-income representative.

\_\_\_ I qualify as a low-income resident under the HOME Program definition. The gross annual income of my household of people is at or below 80% of the Potter/Randal county area median income in the amount of \$(80% AMI limit); OR

\_\_\_ I live in a low-income area (where 51% or more of the households in my US Census tract have incomes at or below 80% of the median household income, as defined by HUD), which is part of the CHDO's targeted service area. My census tract is (census tract number). The Census tract data must accompany this certification. OR

\_\_\_ I am an elected representative of (name of low-income neighborhood organization), located within (Name of neighborhood and city) which is part of the CHDO's targeted service area. A signed resolution or signed minutes and election roster from the neighborhood organization naming the individual as its representative on the CHDO's board of directors must be provided.

Further, I have completed an accompanying CHDO Board Member Certification as to my status as a Public Official/Governmental Employee and reaffirm here that I am not a public official, employee, or appointee of a governmental entity. *(Note: Board members who are public officials/governmental employees may not be counted as Low-income Representatives for purposes of CHDO qualification.)*

I certify that the above statement is true and correct. I understand that any misstatement or falsification of information shall be grounds for denial or revocation of certification for CHDO status. If my status as a Low Income Representative changes at any time during my tenure on the board, I will immediately notify the board chair and executive director in writing and update my certification.

By: \_\_\_\_\_  
*Signature of Authorized Representative*

Printed Name

Title

Date

Before me, a notary public, on this day personally appeared, known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared and certified that the statements therein contained are true and correct.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this \_\_\_ day of \_\_\_\_\_, 2019 \_\_\_\_\_

(Seal)

\_\_\_\_\_  
*Notary Public Signature*

Notary Public, State of Texas

County of.

My commission expires

## Attachment G (page 2 of 2)

### Affidavit of Low-income Board Representation - Authorized Representative

I hereby certify that the individuals identified in the following affidavits are residents of a low income neighborhood, other low-income community resident, or elected representative of a low income neighborhood organization and is an active member of the Board of Directors of, a private nonprofit corporation. "Low income" is defined as households whose annual incomes do not exceed 80% of the median income for the area, as determined by HUD with adjustments for smaller and larger families.

I certify that the above statement is true and correct. I understand that any misstatement or falsification of information shall be grounds for denial or revocation of certification for CHDO status.

By: \_\_\_\_\_  
*Signature of Authorized Representative*

**Printed Name**

**Title**

**Date**

Before me, a notary public, on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared and certified that the statements therein contained are true and correct.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this \_\_\_\_\_ day of \_\_\_\_\_, 2019

(Seal)

**Notary Public, State of Texas**

**County of**

**My commission expires**

# Attachment H

## Religious or Faith Based Organization Certification

On behalf of the Religious and/or Faith Based organization and all affiliates of the Applicant (hereinafter "Applicant"), I (We) hereby certify that the Applicant is familiar with the provisions of 24 CFR §92.257, with respect to Religious and/or Faith Based Organizations and the HOME Investment Partnerships Program and will comply with such rules during the application process and in the event of award, for the duration of the proposed development.

I certify that the Applicant will comply with the requirements listed below:

- I will not use HOME funds to support any explicitly religious activities such as worship, religious instruction, or proselytizing.
- Housing developed will be made available exclusively for the residential use of program beneficiaries and will be made available to all persons regardless of religious affiliations or beliefs.
- I will not use HOME funds for the acquisition, construction, or rehabilitation of structures to the extent that those structures are used for explicitly religious activities.
- I hereby certify that all statements I have provided in this Certification are true; that I am authorized to sign this application, and to make these statements, on behalf of the applicant organization; and that the organization understands that misrepresentation of any facts which lead to the improper allocation and expenditure of public funds may result in legal action against the organization for retrieval of any such funds and appropriate penalties.

By: \_\_\_\_\_  
*Signature of Authorized Representative*

**Printed Name**

**Title**

**Date**

Before me, a notary public, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared and certified that the statements therein contained are true and correct.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this \_\_\_\_ day of \_\_\_\_\_, 2019

(Seal)

**Notary Public, State of Texas**

**County of**

**My commission expires**

# Attachment I

## Affidavit of Standards for Financial Management Systems

Date:

Affiant:

Recipient:  
(Exact Legal Name of Organization)

Affiant on oath swears that the following statements are true and are within the personal knowledge of Affiant:

1. Affiant is the Executive Director AND/OR Chief Financial Officer of the Applicant and is authorized to make this affidavit on behalf of the Applicant.

2. Applicant's financial management systems conform to the financial accountability standards that provide for and incorporate the following:

- a. Accurate, current, and complete disclosure of the financial results of each federally-sponsored project;
- b. Records which identify the source and application of funds for federally-sponsored activities. These records contain information pertaining to Federal awards, authorizations, obligations, un-obligated balances, assets, outlays, income, and interest;
- c. Control over and accountability for all funds, property and other assets; adequate safeguards of all such assets shall be adopted to assure that all assets are used solely for authorized purposes;
- d. Comparison of outlays with budget amounts for each award;
- e. Written procedures to minimize the time elapsing between the receipt of funds and the issuance or redemption of checks for program purposes by the recipient;
- f. Written procedures for determining the reasonableness, allocability, and allow ability of costs in accordance with the provisions of Federal cost principles and the terms and conditions of the award;
- g. Accounting record, including cost accounting records that are supported by source documentation;

By: \_\_\_\_\_  
*Signature of Authorized Representative*

Printed Name

Date

Before me, a notary public, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing document and, being by my first duly sworn, declared and certified that the statements therein contained are true and correct.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

(Seal)

\_\_\_\_\_  
*Notary Public Signature*  
Notary Public, State of Texas  
County of \_\_\_\_\_  
My Commission Expires \_\_\_\_\_

# Attachment J

## Section 3 Business Certification

This form is a tool to determine and document the Section 3 status of the businesses under contract to work on this project; documentation of the status of Section 3 Businesses should be retained in the project files. Please contact City of Amarillo Community Development Department (806 378-6276) for current median income chart.

To be completed by the business claiming Section 3 Business Concern status.

### Business being certified:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

### Project information:

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

### Section 3 determination:

1. Is your business owned (51% or more) by individuals whose household incomes are NO GREATER THAN 80% of Area Median Income (AMI)?

( ) Yes ( ) No

2. Do 30% (or more) of your full time, permanent employees have household incomes that are NO GREATER THAN 80% of Area Median Income (AMI)?

( ) Yes ( ) No

3. Will you subcontract more than 25% of this contract wit any business that is either 51% owned by Section 3 residents or 30% or more of its employees are Section 3 residents?

( ) Yes ( ) No

If any of the questions above are marked "yes", the business qualifies as a Section 3 business.

I certify that the above statements are true, complete, and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_