



RESOLUTION 2006-703

**A RESOLUTION OF THE MAYOR AND COMMON COUNCIL
OF THE TOWN OF CAMP VERDE, YAVAPAI COUNTY, ARIZONA,
AUTHORIZING THE SUBMISSION OF AN APPLICATION FOR
STATE HOUSING FUNDS (WHICH MAY INCLUDE FEDERAL FUNDING
THROUGH THE HOME INVESTMENT PARTNERSHIP PROGRAM
OR STATE HOUSING FUNDS), CERTIFYING THAT SAID
APPLICATION MEETS THE COMMUNITY'S HOUSING AND
COMMUNITY DEVELOPMENT NEEDS AND THE REQUIREMENTS
OF THE STATE HOUSING PROGRAMS, COMMITTING LOCAL RESOURCES
AND FUNDS AND AUTHORIZING
ALL ACTIONS NECESSARY TO IMPLEMENT AND COMPLETE THE
ACTIVITIES OUTLINED IN SAID APPLICATION**

Whereas, the Mayor and Common Council of the Town of Camp Verde is desirous of undertaking affordable housing development activities; and

Whereas, the State of Arizona is administering the State Housing Fund Program; and

Whereas, the State Housing Fund requires that State Housing Funds benefit low-income households; and

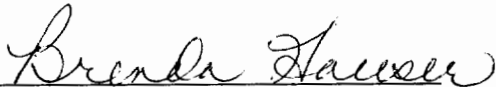
Whereas, the activity in the application addresses the community's low-income population housing needs; and

Whereas, a recipient of State Housing Funds is required to comply with the program guidelines, State and Federal Statutes and regulations;

NOW THEREFORE, BE IT RESOLVED THAT THE MAYOR AND COMMON COUNCIL OF THE TOWN OF CAMP VERDE authorize application to be made to the State of Arizona for funding from the State Housing Fund, and authorize the Mayor to sign application and contract or grant documents for receipt and use of these funds, and authorize Deborah Barber, Town Clerk, to take all actions necessary to implement and complete the activities submitted in said application; and

That the Mayor and Common Council of the Town of Camp Verde will comply with all State Housing Fund Program Guidelines, State and Federal Statutes and regulations applicable to the State Housing Fund Program (HOME program and/or State Housing Trust Fund) and the certifications contained in the application.

PASSED AND APPROVED by majority vote of the Mayor and Common Council at their Special Session on August 18, 2006.



Tony Gioia, Mayor

Attest:



Deborah Barber, Town Clerk

Approved as to form:



Town Attorney

The State Housing Fund

Application for the Development Owner-Occupied Rehabilitation or Emergency Repair Programs

State FY 2007

Application submission deadlines:

August 31, 2006

January 31, 2007



1700 West Washington Street, Suite 210, Phoenix, Arizona 85007

Telephone (602) 771-1000 Facsimile (602) 771-1002 TTY (602) 771-1001

www.housingaz.com

The State Housing Fund (Home and Housing Trust Fund) is a program of the Arizona Department of Housing (the "Department"). For more information contact (602) 771-1000.

Title II of the Americans with Disabilities Act prohibits discrimination on the basis of disability in the programs of a public agency. Individuals with disabilities who need the information contained in this publication in an alternate format may contact the Department at (602) 771-1000 or our TTY number, (602) 771-1001 to make their needs known. Requests should be made as soon as possible to allow sufficient time to arrange for the accommodation.



APPLICATION INSTRUCTIONS

The State Housing Fund State FY 2007 Program Summary and Application Guide

Because understanding the State's Housing Program policies is key to completing a successful application, applicants must read the *State FY 2007 Program Summary and Application Guide*. The Summary and Application Guide is intended to serve as a tool for applicants applying for funding available between July 1, 2006 and June 30, 2007, and contains the information necessary to evaluate whether a proposed project can meet all aspects of the State Housing Fund programs.

Submission Deadlines

Until funding is exhausted, the following timetable will be utilized by the State in making funding available from July 1, 2005 through June 30, 2006.

Application Deadline	Decisions Expected By
August 31, 2006	October 31, 2006
January 31, 2007	March 30, 2007

Applications are due (must be in the possession of the Department) no later than 4:00 p.m. on the deadline dates noted above. Applications must be mailed or hand delivered to:

**Attn: State Housing Fund
Arizona Department of Housing
1700 West Washington Street, Suite 210
Phoenix, Arizona 85007**

Funding Decisions

The Department will make every effort to make its funding decisions by the dates listed above.

Two (2) Copies of the Completed Application (Original & 1 Copy)

Applicants must complete their application packages as described under Application Format, completing all required sections and required supporting documentation, submitting one original and one copy (2 copies total). Incomplete applications, applications missing documentation or applications not filed in the quantity indicated will not be accepted for review. This application and any subsequent revisions or clarifications, if approved for funding, will become part of the agreement with the Department.

Application Format

Applications *must be typewritten or computer generated*. **Do not to revise these forms in any way.** A copy of this application is available by US Mail, on diskette, by e-mail, or at the Housing website www.housingaz.com.

Application material must be:

- 8 ½ x 11 format
- single-sided
- inserted in a 3 ring binder
- indexed and tabbed to correspond with the application checklist

In instances where the tab documentation is not applicable to a project, the tab must still be included and a single sheet indicating "N/A" should be included in the designated space with an explanation of why the information is not applicable. The tabulation format should not be altered in any way.

**1. APPLICATION CHECKLIST AND INDEX – OWNER-OCCUPIED HOUSING REHABILITATION
AND OWNER OCCUPIED HOUSING EMERGENCY REPAIR**

TAB	✓	DESCRIPTION
		Cover Letter
		Checklist/Index (Table of Contents)
		Application Forms
A		Applicant Eligibility.
B		Project Description
C		Commitments for Financing
D		<ul style="list-style-type: none"> • Owner-occupied Housing Rehabilitation Program Policies or Owner Occupied Housing Emergency Repair Program Policies. • Copy of the Governing Body Resolution or Motion to adopt the Program Policies.
E		Loan Instruments
F		Market Demand

2. GENERAL APPLICANT AND PROJECT/PROGRAM INFORMATION

2.1. Applicant Information

Applicant: Town of Camp Verde, a Municipal Corporation

Contact Name Deborah Barber

Contact Title Town Clerk

Mailing Address 473 S. Main Street
Street Address
(if different from mailing) (same)

City/State/Zip Camp Verde, AZ 86322

Telephone (928) 567-6631 ext. 107 Facsimile (928) 567-9061

E-mail Address dbarber@cvaz.org

Legal Status of Applicant:

- | | |
|--|--|
| <input type="checkbox"/> State-Certified CHDO | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> *Non-Profit (non-CHDO) attach IRS letter at Tab A | *Private development agencies |
| <input checked="" type="checkbox"/> Local Government | <input type="checkbox"/> General Partnership |
| <input type="checkbox"/> Tribal government | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Council of Government | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Public Housing Authority | <input type="checkbox"/> Corporation |
| | <input type="checkbox"/> Individual |

Federal Tax ID No. 86-0573698

***Required materials: Attach articles of incorporation, by-laws, partnership agreement or other relevant entity organizational informational information, determination letter and Certification of Good Standing from the Arizona Corporation Commission. Non-profits must also submit a copy of a recent IRS nonprofit designation letter in Tab A.**

An Applicant must be an existing legal entity authorized to conduct business in Arizona. Prior to making application, both governmental, and non-profit applicants must adopt a resolution of their governing board authorizing the submission of an application.

2.2. Location of Project

State and Federal Legislative Congressional Districts: *Complete district number and name of Representative*

Federal	U.S. Representative: Rick Renzi	Number: 1
State:	Senator: Ken Bennett Representative: L. Mason & T. O'Halleran	Number: 1

Project Name: Owner-Occupied Housing Rehab Program

Address: eligible properties within the Town limits of the Town of Camp Verde

City/Town: Camp Verde **County:** Yavapai **Zip:** 86322

Project Description: Describe the project in detail using Attachment B at Tab B.

2.3. Amount of State Housing Funds Requested

Use of Funds	Grant/Loan
Owner-occupied Housing Rehabilitation (use this one OR use the Owner-occupied Housing Emergency Repair below. Only one per application)	\$ 394,000
Owner-occupied Housing Emergency Repair	\$ -0-
General Administrative Funds (maximum 10% of line 1 or 2 above)	\$ 40,000

2.4. Type of funding applicant is willing to accept (check all that apply):

Check all types of funding you are willing to accept, if funded.

Federal Funds State Funds

2.5. Type(s) of Property

Check all that apply:

Single-family detached Condominium Units


Single-family attached, incl. Townhouses Manufactured Housing

2.6. Relocation Information:

Yes No Maybe

Will this Program involve temporary relocation of homeowners?
If yes or maybe, costs must be reflected in the Program Budget at 3.1.2.

2.7. Proposed Beneficiaries

 Competitive Scoring: Very-low income targeting.

Targeted Populations by Income Level	Total Number of Units in Program	% of Units in Program	Number of State-assisted Units in the Program	% of State-assisted Units
Households at or below 50% of AMI	2	2	2	50%
Households at or below 60% of AMI	1	25%	1	25%
Households at or below 80% of AMI	1	25%	1	25%
Other: Hshlds at or below ___% of AMI	0	0	0	
Total Number of Units in Program:	4	100%	4	100%

2.8. Priority Population Set-Asides

Complete only if the Program will specifically set-aside units for a priority population. Set-asides will be enforced through contract provisions. For a definition of qualifying populations, see description of priority populations under *Definitions*, in the *Program Summary and Application Guide*.

↳ Competitive Scoring: Special Needs Populations targeting.

Priority Population	No. of Units	% of Units
Physically disabled persons (<i>design elements must be accommodating</i>)	1	25%
Families with children under 18 years of age	2	50%
Elderly (62 years of age and older)	1	25%
Special needs populations identified in <i>Definitions in Program Summary and Application Guide</i>	0	0
Other special needs groups (<i>must be pre-approved by the State</i>)	0	0
UNITS NOT SET-ASIDE FOR PRIORITY POPULATIONS	0	0
Total Number of SHF Assisted Units in Program:	4	100%

2.9. Type of Assistance to Households:

Program design includes (check all that apply. This should be reflected in your Program Policy):

- Grants (Emergency Repair Only) Deferred, forgivable loans Repayable loans
-

2.10. Amount of Funds Invested Per Unit

Maximum amount of total subsidy funding (State funds and any other public funding available. See Appendix E of the Program Summary and Application Guide; you can go lower but NOT higher) to be invested in any one unit: \$ 261,250

Maximum amount of State Housing Funds to be invested in any one unit: \$ 120,000

2.11. Method to Determine "After Rehab Value"

Describe how the after rehabilitation value of assisted units will be determined to ensure that units do not exceed maximum property values.

To determine the after-rehabilitation value of the assisted units, the total amount of program dollars spent on rehabilitation of the home will be added value of the land. The value of the land will be based on the Yavapai County Assessor's market value estimate of the property in its 'before rehab' condition.

2.12. Recapture Period

If the program will include recapture provisions, please indicate required terms, including recapture period (i.e. repayable if property sold within 5 years of investment, etc.)

The recapture period is 15 years. Repayment of the entire amount is required in the event that the home ceases to be owned and/or occupied by the assisted family.

2.13. Form of Ownership to be Assisted

Owner-occupied.

2.14. Property Standards

- Properties will meet the state's rehabilitation standards and all applicable local codes, ordinances, and zoning ordinances at the time of project completion.
- Properties will meet the state rehabilitation standards and, in the absence of a local code for new construction or rehabilitation, properties will meet the following (check choice below):
- Uniform Building Code (ICBO)
 - National Building Code (BOCA)
 - Standard Building Code (SBCCI)
-

Program Coordinator	Deborah Barber	See previous note.
Rehabilitation Specialist	Ray Floyd, Building Inspector/ Deborah Barber	Ray has over 30 years experience as a building inspector and plans examiner. Barber has over 13 years experience with HOME & CDBG requirements & standards.
Loan Servicing Specialist	Deborah Barber	Barber will perform the initial work, with a title company to handle the closing and all necessary filings of deeds and other related documents. In the event of foreclosure, Barber and the Town attorney will handle the loan servicing and payment collection. The Town currently uses Chicago Title in Prescott to service existing loan payments.
Fiscal Manager	Deborah Barber	See previous notes.
Consultants	N/A	N/A
Function	Responsible Party	Experience
Other:	General Contractor	A general contractor will be competitively procured, with emphasis on experience working with federal dollars and requirements, and working within tight timelines and budgets, producing quality results.
Other:	N/A	N/A

2.18. Program Timeline:

Projected start date 12-1-06 Projected completion date 12-1-07
(approximately 90 days after the date the of the application deadline)

Applicants must provide a schedule for the Program, that lists major program activities and indicates when they will be executed. Additional information such as contractor selection, final inspection, loan closing, etc. should be included when known.

Major Program activities:	Program Schedule											
	1 st quarter			2 nd quarter			3 rd quarter			4 th quarter		
	<i>(each box represents one month)</i>											
Execute Contract	X											
Identification of Units	X											
ERR	X	X	X									
Initiate Project Set-Ups			X									
Rehabilitation				X	X	X	X	X	X	X	X	
Individual Project Close out/ <i>loan closings</i>												X

1. Town of Camp Verde	\$13,727	N/A	N/A	8/18/06	
2. State Housing Funds (Admin Funding)		\$40,000	\$40,000	8/31/06	
3.					
4.					
Total Amount of funding (total of columns B and C)	\$ 447,727				

3.1.2. Program Budget Uses

- Column A.** If a specific use of funds is not listed, indicate the type of use in "Other" box.
Column B. Indicate the amount of State Housing Funds being requested for this specific use.
Column C. Indicate amount financed by all other funding sources.
Column D. Indicate the total amount of columns B and C for the specified use.
Column E. Spell out the source(s) name for sources indicated in column C (e.g., bank loan, CDBG)

A	B	C	D	E
Activity	State Housing Funds	Other Sources	Total All Sources	Source(s)
Site Improvements and Demolition				
On-site	6,000	-0-	6,000	State Housing Funds
Landscaping	-0-	-0-	-0-	N/A
Demolition	30,000	-0-	30,000	State Housing Funds
Rehabilitation Costs				
Direct Construction	340,000	-0-	340,000	State Housing Funds
Lead Paint Inspection/Clearance	-0-	-0-	-0-	N/A
Permits/Fees	-0-	\$6,027	6,027	Town of Camp Verde
Other	-0-	-0-	-0-	N/A
Professional Fees				
Arch. Design/Supervision	-0-	-0-	-0-	N/A
Environmental Review (if linked to a unit)	-0-	500	500	Town of Camp Verde
Legal Fees	-0-	-0-	-0-	N/A
Loan Financing Fees				
Title & Recording	6,000	-0-	6,000	State Housing Funds
Credit Reports	-0-	200	200	Town of Camp Verde
Miscellaneous Soft Costs				
	-0-	-0-	-0-	N/A
	-0-	-0-	-0-	N/A
Temporary Relocation				
Rent or Lodging*	6,000	-0-	6,000	State Housing Funds
Meals & Misc. *	6,000	-0-	6,000	State Housing Funds
Project Specific Administration				
Rehabilitation Specialist	-0-	4,500	4,500	Town of Camp Verde
Travel	-0-	500	500	Town of Camp Verde
Other: Postage, supplies, phones, office, copies, etc	-0-	2,000	2,000	Town of Camp Verde
Subtotal Program Project Costs				
General Admin from 2.3.	40,000	-0-	40,000	State Housing Funds
Totals	\$434,000	\$13,727	\$447,727	

4. STATE HOUSING FUND APPLICANT AFFIDAVIT, RELEASE AND CERTIFICATION FORM

The undersigned Applicant hereby applies to the Arizona Department of Housing, its successors and assigns (the "Department"), for a commitment of State Housing Funds. The *undersigned is responsible for ensuring that the program will assist only qualified low income housing as described in the application, and will satisfy all applicable State and Federal requirements in the rehabilitation or construction to receive a commitment of State Housing Funds.* The Applicant represents and certifies that the *application has not requested more State Housing Funds than is necessary to provide the assistance described in this application.* In planning this project or program, the Applicant certifies that it has provided for and will continue to encourage the participation of citizens, particularly persons of low income who are residents of areas in which the State Housing Funds are proposed to be used.

The Applicant understands that the Department will determine the eligibility of the project or program based, at least in part, on the information in and submitted with the application by the Applicant and the readiness of the program to proceed, as presented in the application. The Applicant is responsible for the accuracy of all information submitted. Misrepresentations, mistakes or omissions may be the basis for the cancellation of an award.

The Applicant understands and agrees that should the Department commit more funds than the State of Arizona is entitled to award in any given fiscal year (whether State or Federal), and funding is not available as awarded, the Department shall be held harmless by the Applicant, the Applicant's investors and anyone else relying upon the commitment.

The Applicant acknowledges and agrees that it will at all times cooperate with regard to request(s) for submittal of additional requests for information from the Department as necessary.

The Applicant acknowledges and agrees to fully comply and cooperate with all monitoring activity of the Department after the date of commitment. The Applicant will give the State, the U.S. Department of Housing and Urban Development, and any State authorized representative access to and the right to examine all records, books, papers, or documents related to the application and any resulting funding awards.

By executing this authorization and release, the Applicant does hereby authorize the Arizona Department of Housing, its successors and assigns, to obtain and furnish and release, to all proper institutions and/or agencies, full and complete records, reports and/or information pertaining to the Applicant and its application under the State Housing Fund program.

The Applicant agrees In compliance with State and Federal laws regarding conflict of interest. No elected or appointed officer or employee of the Applicant may seek or accept any gifts, service, favor, employment, engagement, emolument or economic opportunity which would tend improperly to influence a reasonable person in that position to depart from the faithful and impartial discharge of the duties of that position. No officer or employee may use his or her position to secure or grant any unwarranted privilege, preference, exemption or advantage for himself or herself, any member of his or her household, any business entity in which he or she has a direct or indirect financial interest, or any other person. No officer or employee may participate as an agent of Applicant in the negotiation or execution of any contract between Applicant and any private business in which he or she has a direct or indirect financial interest. No officer or employee of Applicant may suppress any report or other document because it might tend to affect unfavorably his/her financial interests.

The Applicant agrees that the Arizona Department of Housing, its successors and assigns, its agents, employees, attorneys, contractors and representatives will at all times be indemnified and held harmless against all losses, costs, damages, expenses and liabilities of whatsoever nature or kind (including, but not confined to, attorneys' fees, litigation and court costs, amounts paid in settlement, and amounts paid to discharge judgments, and any loss from such judgments or assessments) directly or indirectly resulting from, arising out of, or related to acceptance, consideration and approval or disapproval of the Applicant's application for funding.

The Applicant hereby represents and certifies under penalty of A.R.S. 13-2311 and 39-161 that the information set forth herein, and all material submitted by the Applicant to the Department, are to the best of the Applicant's knowledge, true and complete and accurately describe the proposed project. The undersigned is duly authorized to execute this instrument on behalf of the Applicant and possesses the legal authority to apply for an allocation of State Housing Funds and to execute the proposed program.

Further, the Applicant represents that its governing body has duly adopted or passed an official act of 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 representative to act in connection with the application and to provide such additional information as may be required.

The Applicant understands that all representations made herein, and all documentation submitted, is subject to verification by the Department, and that any misrepresentations or inaccuracies, whether intentional or not, may subject the project to a loss of competitive scoring points or to disqualification. For the purposes of verification, the Applicant and Developer hereby authorize the Department to request information on entities and individuals closely related to this transaction from any lender, investor, or other institution or entity named in this application. Such information includes but is not limited to audits, financial statements, credit history, copies of income tax returns, and other information deemed necessary by the Department.

The Applicant has caused this document to be duly executed in its name as of this 21 day of August, 2006.

Applicant Name: Brenda Hauser Vice Mayor

By: Brenda Hauser
(Signed by the same person who signed the Resolution)