

ATTACHMENT 2

STATE OF HAWAII
HAWAII HOUSING FINANCE AND DEVELOPMENT
CORPORATION

EAST KAPOLEI II PLANNED COMMUNITY REQUEST FOR PROPOSALS
APPLICATION INSTRUCTIONS

GENERAL INFORMATION SECTION

Please refer to these instructions as you complete this section of the Application.

NOTE TO ALL APPLICANTS: Applications must be fully completed in order to be accepted. Incomplete Applications **will not** be processed by the program staff for review and decision making by the Hawaii Housing Finance and Development Corporation (HHFDC) Board of Directors (Board).

The Application is prepared using Microsoft Word. The Application may be completed in Microsoft Word or compatible program. If you are typing this Application, please use at least a 10 point font.

Applicants must submit exhibits as part of this Application. Required exhibits pertaining to the section of the Application are referenced throughout the Application. Please refer to the list of exhibits included as part of the Application for details.

Applications should be packaged in a 3-ring binder format. Major sections of the Application should be identified by "Tabs."

APPLICATION CHECKLIST

Please complete, sign and submit with your Application package.

SUMMARY SHEET

Please complete each line item on the Summary Sheet.

APPLICATION FORM

APPLICANT INFORMATION

A) Applicant

TYPE OR PRINT CLEARLY the full Name, Address, Telephone & Fax Number, and Tax ID Number of your organization. Provide the name of a contact person whom we may contact with questions about your Application. The contact person should be knowledgeable about your proposed project. If the contact person is not affiliated with the Applicant's organization, then please fill in the blanks with the appropriate information.

TYPE OR PRINT CLEARLY the full Name, Address, Telephone & Fax Number and E-mail address of the person or company that completed the Application on behalf of the Applicant. Provide the name of a contact person whom we may contact with questions about your Application. The contact person should be knowledgeable about your proposed project. If the Applicant prepared the Application, please fill in "Same as Above" in the line designated for Application Preparer Name.

B) Organization / Entity

Check the box next to the category that best identifies the organization submitting this application. Indicate
East Kapolei II, LDA PAR 2 RFP Application Instructions

whether the organization is a Limited Partnership, General Partnership, or Corporation. For State or County Applicants, indicate the agency or division making the request. If none of the categories is applicable, check the box labeled Other and describe your organization.

C) Project Team Information

Provide the name, address and telephone/fax numbers, and E-mail for each member of the project team. Also, please provide the name of a contact person for each organization. Also provide a brief description of the role and responsibilities of each team member.

If the Applicant is not the Developer for this project, please complete Exhibit 9 listing the experience of the Developer as developer and owner of affordable housing projects.

Please submit Exhibit 11 for the Property Manager.

PROJECT DESCRIPTION

Please complete this section separately for each parcel.

A) Project Classification

Check the box next to the category of project that you are planning. If none of categories are applicable, then check the Other box and describe your project. Describe the type of construction being proposed. Identify the number of buildings in this project and the description of each building. Indicate if the buildings are single-, two-, or three-story, etc.

B) Project Unit Mix

In this section, fill in the table with the information requested. Indicate the following:

No. of Buildings:	Indicate the total number of buildings in the project;
Gross Building Area:	Indicate the total square feet of all buildings in the project;
Total Units:	Indicate the total number of units in the project;
	Enter the number of each type of unit by bedroom size;
	Enter the square footage of each units.

The Total Units are the total number of units in the entire project. Note: If you are not planning to offer a particular type of unit (i.e., studio or four-bedroom units) then indicate that fact by typing in "NONE." If you are contemplating units larger than four-bedroom, then you may cross out one of the smaller categories and type in the exact unit size for your project.

C) Project Schedule

Fill in the blanks next to each of the categories with the projected dates for each item.

D) Parking

Indicate how many tenant, guest and handicapped parking spaces will be made available in your project.

E) Market Demand

Provide evidence of market demand for the type of units you are proposing.

After the developer has been selected, the developer may be required to provide a market analysis prepared by an independent firm, not affiliated with the developer and approved by the HHFDC (see below*), as to present and projected demand for the proposed development in the area. Such market analysis shall include, but not be limited to, the estimated number of individuals or families in the area within the applicable income limits needing affordable housing and the comparable rental rates for the area. As the market analysis should provide up-to-date

demographic information, it should be dated no earlier than six months from the date of HHFDC's request.

*In order to be approved by the HHFDC, the firm conducting the market study must provide the following documentation: a.) current Certificate of Good Standing, b.) evidence that conducting market studies is one of the primary purposes of the firm, and c.) affidavit certifying that the firm is not affiliated with the developer/applicant. In addition, an affidavit from the developer/Applicant certifying that they are not affiliated with the market analysis firm must also be submitted. All documentation must be to the satisfaction of the HHFDC.

TARGET POPULATION

Please complete this section separately for each group of parcels.

A) Income Level

Fill in the blanks with the number of units that your project will offer and the corresponding targeted income limits. Indicate the Total Number of Units in the project.

If your project includes units for Special Needs groups, then indicate the number of units you intend to provide and at what median income level they will target.

B) Length of Commitment

How long do you intend to keep the project affordable? Indicate how long (in years) you intend to serve the target population. If the project will be permanently affordable, then type in "Permanent."

C) Occupancy Type

Fill in the blanks with the number of units that the project will offer to any specific category of individuals. Also indicate what measures will be taken to accommodate this group. Please be advised that developers constructing/rehabilitating elderly housing projects may be subject to HHFDC's definition of "Elder." Pursuant to Chapter 201H, HRS, Elder is defined as a person who is a resident of the State and who has attained the age of sixty-two. The requirement of accepting only Elders as residents will depend on the actual funding sources used to finance the project.

SOURCES AND USES OF FUNDS

Please complete this section separately for each group of parcels.

A) Development Budget

Please complete an Exhibit A. Please provide a complete breakdown of the estimated cost of your project.

B) Sponsor Equity

Indicate the total dollar amount in the form of cash (or equivalents), or "in kind" contributions that your organization will directly contribute to the project. Attach a detailed list of the "in kind" contributions that your organization is making to the project. If your organization is NOT contributing any cash, or "in kind" goods and services to the project, please provide an explanation.

C) Financing Plan

Complete the tables for both construction and permanent financing. The totals for construction and permanent financing must equal Total Development Cost.

Provide the name of each source and whether there is any financing commitment in place. Include the nature of the loan including identifying the security and whether the loan is recourse or non-recourse and any relevant terms. If a commitment exists, please provide such evidence and the name and phone number of a contact person.

D) Revenue/Operating Budgets

For "Rental Project" please complete Exhibit B - Pro Forma Operating Budget Format. Part I is to be completed to provide a summary of the rental income for your project. Part II is to be completed to provide operating expenses. Part III details the Net Operating Income, the Annual Debt Service, the Pre-Tax Cash Flow and the Debt Coverage Ratio for the full term of the financing.

QUESTIONS

Respond to each question, but limit your response to ONE PAGE or less per question. Do not print more than one answer per page. Please begin each page with the appropriate numbered question.

ATTACHMENTS

Attach the documentation listed under the Index of Application Exhibits. Submit each item in the order requested and number the documents as indicated. If certain sections are not applicable, then insert a page with the statement "THIS SECTION IS INTENTIONALLY OMITTED" typed on it, along with a brief explanation as to why that exhibit is not applicable.

Final Comments to Applicants:

- Please remember to number each question and each page.
- A Table of Contents and a List of Attachments is highly recommended.
- Complete the forms whenever possible. In those cases where that is not possible, follow the exact format provided.
- Attach a cover letter, if you so desire.
- If you have any questions about completing the Application, contact the staff in sufficient time prior to the Application deadline.

THE ORIGINAL, THREE COPIES, AND 1 CD OF THE FINAL APPLICATION MUST BE SUBMITTED WITH YOUR PROPOSAL AS REQUIRED IN SECTION FOUR OF THE RFP.