

**HOUSING AUTHORITY OF BALTIMORE CITY  
[HABC]**

**EXISTING HOUSING  
PROJECT-BASED VOUCHER [PBV] PROGRAM  
for Non-elderly Persons with Disabilities<sup>1</sup>**

**APPLICATION CHECKLIST**

The **original** proposal, including all required attachments, and **two (2) copies** must be submitted. Please complete each section of the application. Incomplete applications will not be processed by HABC. The deadline for submitting applications is the last business day of every month. Applications must be submitted to:

**PLANNING & DEVELOPMENT DIVISION**  
Housing Authority of Baltimore City  
417 East Fayette Street, Suite 302  
Baltimore, Maryland 21202  
ATTN: **ALEXIS JOHNS**, Development Coordinator  
[b.alexis.johns@habc.org](mailto:b.alexis.johns@habc.org)  
410.396.5846  
410.545.6737 [fax]

**1. PROJECT**

Project Name:	
Project Address:	
Neighborhood:	
Poverty Rate:	Minority Concentration:

Number of Rental Units:
Target Population/s:

**2. PROBABLE RENT (IF PRECISE RENTS ARE NOT YET DETERMINED, PLEASE GIVE ESTIMATE OR RANGE):**

	PROJECT-BASED UNITS	MARKET RATE UNITS
	RENT	RENT
1-BR	\$	\$
2-BR	\$	\$
3-BR	4	\$
4-BR	4	\$

<sup>1</sup> For further information, see project based regulations effective 11/14/05, 24 CFR Part 983, as amended by the Housing and Economic Recovery Act of 2008.

**3. BUILDING/UNIT TYPE (IF PRECISE NUMBERS ARE NOT AVAILABLE, PLEASE GIVE ESTIMATE OR RANGE):**

Residential	# bldgs.	#units
Single Family Detached		
2-4 family		
Townhouse		
Low/Mid Rise		
High-rise		
Other		
<b>TOTAL</b>		

**4. PROJECT BASED UNITS**

UNITS	NED UNIT	BEDROOM SIZE	SF
<i>Example: # 101</i>	<i>YES</i>	<i>1-BR</i>	<i>650</i>

**5. SITE SELECTION STANDARDS**

<p><b>Project-based assistance must be consistent with the goal of deconcentrating poverty and expanding housing and economic opportunities.</b> <i>The standards below will be considered in the selection of properties for this program.</i></p>
<ul style="list-style-type: none"> <li>• Is the proposed property in a census tract that is located within a HUD-designated Enterprise Zone, Economic Community or Renewal Community?</li> </ul>
<ul style="list-style-type: none"> <li>• Will the proposed property be located in a census tract where the concentration of assisted units will be or has decreased as a result of public housing demolition?</li> </ul>
<ul style="list-style-type: none"> <li>• Is the census tract in which the proposed property will be located undergoing significant revitalization?</li> </ul>
<ul style="list-style-type: none"> <li>• Have state, local or federal dollars been invested in achieving the goal of deconcentrating poverty and expanding housing and economic opportunities?</li> </ul>
<ul style="list-style-type: none"> <li>• Are new market rate units being developed in the same census tract where the proposed property will be located and is it likely that such market rate units will positively impact the poverty rate in the area?</li> </ul>
<ul style="list-style-type: none"> <li>• Is the poverty rate in the area where the proposed property is located greater than 20%? Has there been an overall decline in the poverty rate in the last five years?</li> </ul>
<ul style="list-style-type: none"> <li>• Are there meaningful educational and economic opportunities in the census tract where the proposed property will be located?</li> </ul>

- ▶ **ATTACHMENT 1: STATEMENT OF SERVICES** (Please complete attached form and sign)
- ▶ **ATTACHMENT 2: UNIT SURVEY** (Please complete attached form)
- ▶ **ATTACHMENT 3: UTILITY SCHEDULES** (Please select correct form and circle amounts paid by *tenant*)
- ▶ **ATTACHMENT 4: OWNER CERTIFICATION (HQS)** (Please complete attached form)
- ▶ **ATTACHMENT 5: CERTIFICATION OF NO DISPLACEMENT** (Please sign attached form)
- ▶ **ATTACHMENT 6: OWNER’S EXPERIENCE OPERATING SIMILAR PROJECTS**
- ▶ **ATTACHMENT 7: ATTACH DOCUMENTATION EVIDENCING FINANCIAL SUPPORT FOR THE REPAIRS TO MAKE UNITS HQS COMPLIANT**
- ▶ **ATTACHMENT 8: PROJECT SET ASIDES:** (Please identify where the project based units that will be designated as NED units will be located to demonstrate that units are integrated throughout the project.)
- ▶ **ATTACHMENT 9: COPY OF TENANT SELECTION CRITERIA**

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**CERTIFICATION:** The Owner certifies: (1) that he/she has not required any tenant to move unless for cause, such as for violation of the lease or local law, during the 12 months previous to the date of this Application; and (2) that the data and exhibits contained in this Application and Proposal are true, correct and complete. Owner acknowledges that any misrepresentation will be sufficient cause for rejection of the Proposal. The Owner also agrees to submit additional documentation requested by HABC to make a determination on the Owner’s Proposal.

\_\_\_\_\_  
Name of Person Preparing Application

\_\_\_\_\_  
Name of Owner(s)

\_\_\_\_\_  
Phone

By \_\_\_\_\_  
Authorizing Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

Rev9/28/09