**APPLICATION FOR PROJECT-BASED VOUCHERS**

**UNDER THE NOTICE OF OFFERING DATED AUGUST 1, 2025**

**INSTRUCTIONS:**

All application materials must be submitted via Electronic Data Transfer (EDT). You will email RAPBV@THDA.org a request for access to EDT with the user full name and email address. Applications will be accepted beginning August 1, 2025, on a first-come, first-served basis. Applications will be reviewed on a rolling basis and will remain open until all vouchers have been awarded. Applications are not considered submitted until all required supporting documents have been received. Tennessee Housing Development Agency (THDA) will conduct an initial review of applications and notify applicants by email of any technical deficiencies and an applicant will have seven (7) calendar days from the date of issuance of the deficiency letter to submit the corrections to THDA. Only applications submitted in response to the applicable Notice of Offering and meeting all its requirements will be accepted for consideration. Submission of an application is an acknowledgement and acceptance of all terms and conditions in the Notice of Offering.

Please fill out the application completely and supply all requisite application materials or the application will not be considered. All information on each application will be kept confidential; however, it may be subject to inspection under the Tennessee Public Records Act, T.C.A § 10-7-503. Please submit one application for each property.

If you have any questions regarding the program, please contact Hillary Craig, Project Based Voucher Manager, at RAPBV@THDA.org.

**APPLICATION FOR PROJECT-BASED VOUCHERS**

**TYPE OF REQUEST:**

|  |  |
| --- | --- |
| Application Program Type:(as defined in 24 CFR 983) | [ ] Existing Housing[ ] New Construction[ ] Rehabilitation  |
| **Number of Project Based Vouchers Being Requested:** | Click or tap here to enter text. |
| **PBV Contract Term Requested:** | [ ] 20 Years[ ] 15 Years[ ] 10 Years[ ] 5 Years |

**APPLICANT/OWNER INFORMATION:**

|  |  |
| --- | --- |
| **Owner Entity Legal Name:** | Click or tap here to enter text. |
| **Owner Address:** | Click or tap here to enter text. |
| **Owner Telephone Number:** | Click or tap here to enter text. |
| **Owner Email Address:** | Click or tap here to enter text. |
| **Contact Person Name** **(if different from above):** | Click or tap here to enter text. |
| **Contact Person Address:** | Click or tap here to enter text. |
| **Contact Person Telephone Number** | Click or tap here to enter text. |
| **Contact Person Email Address:** | Click or tap here to enter text. |
| **Federal Tax ID Number:** | Click or tap here to enter text. |
| **Unique Identity Identifier (UEI) Number:** | Click or tap here to enter text. |
| **Number of years in development/ affordable housing ownership experience?** | Click or tap here to enter text. |

**PROPERTY MANAGER INFORMATION:**

|  |  |
| --- | --- |
| **Property Management Company Legal Name:** | Click or tap here to enter text. |
| **Property Management Company Address:** | Click or tap here to enter text. |
| **Property Management Company Telephone Number:** | Click or tap here to enter text. |
| **Property Management Company Email Address:** | Click or tap here to enter text. |
| **Contact Person Name** **(if different from above):** | Click or tap here to enter text. |
| **Contact Person Address:** | Click or tap here to enter text. |
| **Contact Person Telephone Number** | Click or tap here to enter text. |
| **Contact Person Email Address:** | Click or tap here to enter text. |
| **Federal Tax ID Number:** | Click or tap here to enter text. |
| **Describe the Property Management Company’s Experience with managing a Project Based Voucher Waiting List.** | Click or tap here to enter text. |

**DESCRIPTION OF PROPERTY:**

|  |  |
| --- | --- |
| **Development/Project Name:** | Click or tap here to enter text. |
| **Property Address:** | Click or tap here to enter text. |
| **County:** | Click or tap here to enter text. |
| **THDA Development Program Name, Year, and Round Project was selected for development funds** | [ ] 2023 Low Income Housing Tax Credit[ ] 2024 Low Income Housing Tax Credit[ ] 2025 Low Income Housing Tax Credit[ ] Then, list all…. |
| **Is this Project located in a rural county as defined by the THDA Program under which the Project was initially awarded development funding.** | [ ] Yes[ ] NoClick or tap here to enter text. |
| **Will the Project offer Permanent Supportive Housing/Services:** | [ ] Yes[ ] NoIf yes, please describe the Supportive Services to be offered and the organization responsible for providing the services or attach supporting documentation. If the service provider is different from the owner, please provide a copy of the Memorandum of Understanding or other agreement outlining services to be provided.\_\_\_\_\_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Total Number of All Units at the Project:** | Click or tap here to enter text. |
| **Total Number of Low-Income Units at the Property:**  | Click or tap here to enter text. |
| **Is there an elevator:** | [ ] Yes[ ] No |
| **What month and year were the property built, if applicable:** | Click or tap here to enter text. |
| **What is the unit type for this property:**  | [ ] Single Family[ ] Garden Style Walk-Up[ ] High-Rise[ ] Townhome[ ] Duplex[ ] Other: \_\_\_Click or tap here to enter text.\_\_\_\_\_\_ |
| **Please provide a brief description of the Project and include any supporting documentation:** | Click or tap here to enter text. |
| **Please indicate the number of units and bedroom size for which PBV are being requested:****Please indicate the number of units and bedroom size for which PBV are being requested:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Size of Unit** | **Total Number Proposed PBV Units** | **Number of Proposed PBV Units Occupied** | **Number of Proposed PBV Units Vacant** |
| 0 Bedroom | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1Bedroom | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 2 Bedroom | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 3 Bedroom | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 4Bedroom | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 5 Bedroom | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Total | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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| **Of the proposed units to be assisted, please indicate which group the Project will assist. You may check more than one:** | [ ] Families[ ] Elderly[ ] Disabled[ ] Veterans[ ] Homeless[ ] Units Exclusively for Certain Eligible Youth aging out of foster care, as described in Section 8(x)(2) of the U.S. Housing Act[ ] Other:\_\_\_\_\_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Is the Project projecting or experiencing an operating deficit that could be alleviated with the addition of PBV:** | [ ] Yes[ ] NoIf yes, provide explanation of need and include project operating proforma for the current year. |
| **If the property is Existing Housing, to the best of your knowledge, do the tenants currently occupying the property have incomes at or below the HUD Very-Low-Income Limits:** | [ ] Yes[ ] No[ ] N/AClick or tap here to enter text. |
| **What are the utility responsibilities of the Project:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Utility** | **Fuel Type****Gas/Electric** | **Paid By** | **Provided By****Owner/Tenant** |
| Heating | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Cooking | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Water Heating | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Other Electric | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Water | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Sewer | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Trash Collection | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Air Conditioning | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Stove | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Refrigerator | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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| **Will the Project comply with Section 504 of the Rehabilitation Act of 1973, which mandates certain accessibility features?** | Click or tap here to enter text. |
| **How many Americans with Disabilities Act (ADA) accessible units are in your Project?** | Click or tap here to enter text. |
| **How many ADA accessible units will be included in the assigned PBV units? Please describe the accessibility features of the Project:** | Click or tap here to enter text. |
| **What is the current rent (if applicable) and requested rent\*?***\*In most cases, proposed contract rents must not exceed 110% of the established Fair Market Rents as published by HUD; If there is LIHTC and the project is located outside of a qualifying census tract, some exceptions may be made.* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Bedroom****Size** | **Floor****Level** | **Unit****Number** | **Total****Number****To Receive****PBV** | **% of Total to Receive PBV** | **Current****Rent** | **Request-ed****Rent** |
| 0 Bedroom | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1 Bedroom | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 2 Bedroom | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 3 Bedroom | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 4 Bedroom | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 5Bedroom | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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**ALL APPLICATIONS MUST INCLUDE THE FOLLOWING MATERIALS, IF APPLICABLE:**

1. THDA PBV Application
2. Copy of THDA Development Program Award Letter, Reservation of Funds, or Funding Matrix
3. If the project is providing permanent supportive housing, attach the MOU or contract with the entity providing support services to be offered.
4. Proof of Ownership (Deed and any Lease, etc.)
5. Current Organizational Chart of Ownership Entity
6. Property Management Agreement, if applicable
7. Tenant Selection Plan, including any current Waiting List
8. Financial Statement (Proforma/Income and Expense Statement) for property’s most recent

operating year

1. Proposed 30 Year Proforma (New Construction Only)
2. Rent Roll, if applicable, dated within 60 days of the date of application
3. Certification of Payments to Influence Federal Transactions (HUD Form 50071), see attached
4. Applicant/Recipient Disclosure Update Report (HUD Form 2880), see attached

# CERTIFICATION

# I am authorized to make a binding contractual commitment on behalf of the Project Owner. I have received, read, and understand the provisions of this application.

# By submitting this Application, I certify that all information I provided is true, accurate, and complete, and if requested, I shall provide further documentation to support any representations. I further acknowledge that falsification of documents or any material falsehoods or omissions in the Application is subject to state and federal criminal penalties. I acknowledge that Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willfully making false or fraudulent statement to any U.S. Department or Agency. Further, Title 13, Chapter 23, Section 133 of the Tennessee Code Annotated states that it is unlawful for any person to knowingly make, utter, or publish a false statement of substance for the purpose of influencing the agency to allow participation in any of its programs and such violation is a Class E felony.

# I acknowledge that failure to disclose a material fact or misrepresentation of a fact can result in disqualification of the Application from further consideration of an award. I certify that all information and exhibits contained in this Application are true, correct, and complete to the best of my knowledge and belief.

# I understand that there is no promise or guarantee from THDA that my application will be selected to receive Project-Based Vouchers.

# I understand that THDA may, at its choosing, conduct a check with credit verification agencies.

# I understand THDA is not obligated to pay, nor will it in fact pay, any costs or losses incurred by applicants at any time including, but not limited to, the cost of: 1) any prior actions by an applicant in order to complete this Application, and 2) any future actions by applicant in connection with any negotiations between the applicant and THDA including, but not limited to, actions to comply with requirements of THDA or any applicable federal, state, or local laws/regulations.

# I agree to comply with all federal, state, or local laws or regulations that may apply to this project, including, but not limited to the National Standards for the Physical Inspection of Real Estate (NSPIRE), Environmental Review, Davis-Bacon Act, Site and Neighborhood Standards, and all applicable state and local requirements.

# I understand that the Project may not enter into, execute, or be a party to any covenant, agreement, lease, deed, assignment, conveyance, or any other written instrument which restricts the sale, lease, use or occupancy of the property or any part thereof, upon the basis of race, color, creed, religion, sex, or national origin.

# I certify that the Project will comply with all federal, state, and local laws, including labor standards and equal opportunity requirements (24 CFR 983.155(b)(1)(ii), prohibiting discrimination or segregation and will not discriminate by reason of race, color, religion, sex or national origin in the sale, lease, use or occupancy of the property.

# I certify that tenants will not be displaced (forcibly moved) without cause during the 12 months prior to the date of this Application from the units to be assisted at the proposed Project. I understand that any existing tenants must be certified as eligible to receive project-based assistance, and if they are not eligible, I may not displace them to qualify their unit for the Project-Based Voucher Program (PBV Program).

# I understand that it is the Project Owner’s responsibility to determine whether an environmental review is required under the U.S. Department of Housing and Urban Development’s (“HUD”) environmental regulations at 24 CFR 50 and 24 CFR 58 and, if it is, to determine whether that results in the Project Owner and its contractors being prohibited from taking any of the choice-limiting actions defined therein from the submission of this application until HUD’s approval of the request for release of funds, if applicable. The choice limiting actions include, but are not limited to, acquiring, rehabilitating, converting, leasing, repairing, disposing of, demolishing, or constructing real property or committing or expending program or local funds for PBV activities.

# If the Project I represent is selected for the PBV Program, I certify it will comply with all federal Section 8 requirements found at 24 CFR Part 983 and the THDA Administrative Plan.

# Signature: \_\_\_\_\_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_Click or tap here to enter text.\_\_\_\_\_

# Title: \_\_\_\_\_\_\_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_