

**TENNESSEE HOUSING DEVELOPMENT AGENCY
HHF BLIGHT ELIMINATION PROGRAM
LAND BANK APPLICATION**

1. APPLICANT INFORMATION

Legal Name of Land Bank: _____
 Doing Business as: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____ - _____
 Email Address: _____ County: _____
 Telephone: (____) _____ - _____ Website: _____
 EIN Number: _____ FEIN Number: _____

2. PROGRAM ADMINISTRATOR INFORMATION

Program Administrator/Contact Person: _____ Title: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____ - _____
 Telephone: (____) _____ - _____ Email Address: _____

3. BOARD OF DIRECTORS

Names	Telephone/ Email	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. BOARD APPROVAL

Has the Board approved participation in the HHF Blight Elimination Program?

___ Yes ___ No

If Yes, please provide Board minute and authorizing resolutions as evidence. **If No**, please explain:

5. SENIOR MANAGEMENT & ALL PERSONS INVOLVED BLIGHT ELIMINATION PROGRAM (Volunteer or Employee) -- Attach a resume and detailed experience summary for all staff and volunteers

Names	Telephone/ Email	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. FOR STAFF LISTED IN #5 – LIST ANY CURRENT OR PRIOR PARTICIPATION IN ANY THDA, STATE OR FEDERALLY SUBSIDIZED

Name of Employee(s)/Volunteer(s): _____
Program: _____ From: _____ to _____
Amount of Funds Awarded: \$ _____

Name of Employee(s)/Volunteer(s): _____
Program: _____ From: _____ to _____
Amount of Funds Awarded: \$ _____

Name of Employee(s)/Volunteer(s): _____
Program: _____ From: _____ to _____
Amount of Funds Awarded: \$ _____

7. FOR STAFF LISTED IN #5 – LIST PREVIOUS CONSTRUCTION PROGRAM EXPERIENCE

Name of Employee(s)/Volunteer(s): _____

Program Name: _____ Source of Funds: _____

From: _____ to _____ # of Homes Demolished: _____ Built: _____

Name of Employee(s)/Volunteer(s): _____

Program Name: _____ Source of Funds: _____

From: _____ to _____ # of Homes Demolished: _____ Built: _____

Name of Employee(s)/Volunteer(s): _____

Program Name: _____ Source of Funds: _____

From: _____ to _____ # of Homes Demolished: _____ Built: _____

8. CONSTRUCTION/LICENSED CONTRACTOR AGREEMENTS OR CONTRACTS

Does the land bank have any agreement or contracts with a construction company or companies that would be expected to perform BEP activities including demolition and greening?

___ Yes ___ No

If Yes, please information about such construction company or companies, including, but not limited to experience, licensing, etc. and complete the “**Construction Company Disclosure**” for each entity. **If No**, please explain how the land bank envisions identifying, screening and selecting a construction company or companies.

9. CITY/COUNTY AGREEMENT OR CONTRACTS

Has the land bank ever worked with the local government to demolish a residence within the jurisdictional boundaries of the local government establishing the land bank?

___ Yes ___ No If **Yes**, please complete the following:

Program Name: _____

From: _____ to _____ # of Homes Demolished: _____

Program Name: _____

From: _____ to _____ # of Homes Demolished: _____

If No, please explain how the land bank envisions working with the local government within the jurisdictional boundaries of the local government establishing the land bank.

10. CONFLICTS OF INTEREST/CODE OF CONDUCT

Does the land bank have a conflict of interest policy or a code of conduct?

Yes No

If Yes, please describe how it will be applied to ensure no conflicts of interest in carrying out BEP activities. If No, please explain how no conflicts of interest in carrying out BEP activities will be ensured.

11. Will any person listed in question #3 and #5 above or a Close Relative* of any person listed in #3 and #5 above be involved in carrying out any BEP activities or be involved with any entity (contractor, vendor, local government) involved in carrying out BEP activities?**

*Close Relative is defined as: Spouse, child, step child, foster child, parent, foster parent, sibling (brother or sister), foster brother or sister, parent-in-law, daughter-in-law, son-in-law, sister-in-law, brother-in-law, grandparent, grandchild, or other family members that reside in the same household.

** Involved is defined as: having any relationship of any kind (financial, personal or any other).

Yes No

If Yes, please provide the analysis demonstrating that no conflict of interest or code of conduct violation exists. If No, please explain how this conclusion was reached.

12. THDA, STATE, LOCAL, FEDERAL STATUS

Has any person listed in #3 and #5 above (directly or any organization with which they have or had a relationship) or the land bank ever been suspended or debarred from participation in any THDA, state, local, or federal program(s)?

Yes No If Yes, please explain:

13. Does any person listed in #3 and #5 above (directly or any organization with which they have or had a relationship) or the land bank have any outstanding or unresolved issues identified by THDA in connection with any THDA program?

Yes No If Yes, please explain:

14. Are all persons listed in #3 and #5 above (directly or any organization with which they have or had a relationship) or the land bank in good standing with all local, state, and federally programs in which it participates?

Yes No If No, please explain: _____

15. Please attach the following information for this application to be considered complete:

- _____ Certificate of Existence from the Tennessee Secretary of State, dated within ninety (90) days of the date of this application.
- _____ Copy of Articles of Incorporation, Charter and By-Laws.
- _____ Copy of most recent business plan or strategic management plan and all amendments thereto.
- _____ Board minutes and resolutions approving participation in the HHF Blight Elimination Program.
- _____ Two page explanation of the land bank's experience in property demolition and/or constructing affordable single family housing for low and very low income households from the date of formation to the date of this application.
- _____ Resumes and detailed experience summary for all persons listed in #5 above.
- _____ For land banks formed prior to 2015, most recent, dated within the last 12 months, financial audit, audited comparative financial statements, letter of financial review by CPA firm with an arm's length relationship to the land bank, balance sheet with cash flow statement and income statement.
For land banks formed in 2015, financials evidencing a minimum cash at hand of \$10,000 per property being demolished.
- _____ Copy of most current IRS form 990 filed.
- _____ Copy of conflict of interest policy and code of conduct.
- _____ All other materials required in this application.

16. EXECUTIVE DIRECTOR AND CHAIRMAN OF THE BOARD CERTIFICATION

To the best of our knowledge, we each certify that the information in this application is true and correct and that the document has been duly authorized by the governing body of the applicant. We each certify that the applicant will comply with all BEP program rules and regulations if assistance is approved. We each also certify that we each are aware that providing false information on this application can subject each of us, individually, to criminal sanctions up to and including a Class E Felony.

Date: _____

Date: _____

Chairman of the Board:

Executive Director:

Signature

Signature

Typed/Printed Name

Typed/Printed Name