

**HHF Blight Elimination Program
Program Partner Application Checklist**

Date: _____
Sender's Name: _____
Sender's Phone Number: _____
Sender's Email Address: _____

Organization's Name: _____
Organization's Address: _____

**** PLEASE ASSEMBLE PACKAGE IN ORDER LISTED BELOW ****

BEP PROGRAM PARTNER APPLICATION PACKAGE

- 1. Completed Program Partner Application Form HHF/BEP-1011
- 2. Certificate of Existence
- 3. Copy of Articles of Incorporation, Charter, By-Laws
- 4. Most recent business plan or strategic management plan dated within 12 months
- 5. Copy of 501(c)(3) determination letter from IRS or
Letter from Habitat for Humanity International confirming the applying affiliate is an exempt subordinate and a copy of the group determination letter from the IRS
- 6. Board Minutes approving participation in the HHF Blight Elimination Program
- 7. Two page explanation of the organization's experience in demolition and constructing affordable housing
- 8. Most recent financial audit dated within 12 months
- 9. Copy of most current IRS form 990 that was filed
- 10. List of volunteers and staff member employed by the organization
- 11. Construction Company Partnership Disclosure Form HHF/BEP-1012
- 12. Copy of Liability Insurance (for each construction company listed)
- 13. Copy of Construction Bond (for each construction company listed)
- 14. Proof of Escrow Account set up for BEP funds
- 15. Completed IRS W-9 Form
- 16. Completed BEP Authorization for Automatic Deposit Form HHF/BEP-1013
- 17. Copy of Voided Check for ACH Authorization Form

THDA RESERVES THE RIGHT TO REQUEST ADDITIONAL DOCUMENTATION TO EVALUATE THIS APPLICATION.

To the best of my knowledge, I certify that the information provided in this application is true and correct and that the documents has been duly authorized by the governing body of the applicant. I also certify that I am aware that providing false information on this application can subject the individual signing such application to criminal sanctions up to and including a Class E Felony.

Date: _____

Sender's Authorized Signature

Print Name and Title

Phone Number

Email Address