



HOMEMAKER PROGRAM APPLICATION PART 1

(to be completed by **non-profit organizations,
for-profit businesses or private developers**)
City of Knoxville
Community Development Department



Address of property: _____ CLT #: _____
Knoxville, TN 379_____

APPLICANT INFORMATION

Name of Applicant (individual or organization): _____

Address: _____

Phone Number-Office: _____ Phone Number-Cell: _____

E-Mail: _____ Contact Person (if organization) _____

Social Security #: XXX-XX-_____ or Federal ID #: _____

Applicant is: Individual Non-profit organization For-profit business

PROJECT DESCRIPTION

What is your offering price? \$ _____

If price is below fair market value or listing price, **of those properties which do not indicate "minimum"**, explain reason for reduced offer. (Example: Subsidy is needed to make project affordable and feasible; development cost will exceed fair market value. Support your reason by completing the Project Sources and Uses of Funds Statement on Page 4)

Is the parcel an unbuildable lot that will be used for additional yard space? Yes No
If yes, list any specific plans for maintenance or improvement.

If property is an unbuildable lot, skip to Page 3

PROJECT DESCRIPTION, continued

Name, address, phone number and e-mail of Proposed Developer (**qualifications and experience of proposed developer must be attached**):

Planned development will be (*check one*): new construction rehabilitation of an existing structure side yard. (**Attach a site plan and floor plan if new construction is proposed. If unavailable, these must be provided within 90 days of contract execution.**)

Upon completion of the project, how many housing units will there be? _____

The parcel to be used for (*check one*): homeownership rental unit(s).

Briefly describe any other pertinent details of your proposed development for the parcel.

Is this a project targeted for a low-moderate income household? Yes No
(See attached Exhibit A for schedule of Fair Market Rents & Income Limits)

If yes, how will the home be made affordable?

Has a family already been selected? Yes No
(If yes, you must also complete Part II of the Homemakers Program Application)

If yes, are they presently living in overcrowded or substandard housing? (Explain)

If no, what is the selection process for homeownership or tenants?

Will this project include the use of volunteer labor or is it tied in with any training program?
 Yes No If yes, explain. _____

What is the proposed rental or sales price? \$ _____

How was this determined? _____
(See attached Exhibit A for schedule of Fair Market Rents & Income Limits)

Will credit or home ownership counseling be required for future tenants or buyers? Yes No

Have you received any input from neighborhood representatives regarding this development?
 Yes No

If yes, what was the outcome? _____

Information for government monitoring purposes

Applicant:

- Male Female
- American Indian/Alaskan Native
- Asian Pacific Islander
- Hispanic
- Black
- White
- Other (specify) _____

Co-Applicant:

- Male Female
- American Indian/Alaskan Native
- Asian Pacific Islander
- Hispanic
- Black
- White
- Other (specify) _____

Non-Profit Organization

I DO NOT WISH TO SUPPLY THIS INFORMATION
Initials: _____

I DO NOT WISH TO SUPPLY THIS INFORMATION
Initials: _____



I (we) certify that all information in this application, and all information furnished in support of this application, is true and complete to the best of my (our) knowledge and belief. I (we) authorize verification of any information, including verification of my (our) credit report.

Signature: _____

_____ Date

Title: _____

(Printed Name and *if applicable*,
Title of Organization's Authorized Representative)

NOTE: Applications will only be accepted for properties on the Homemakers List at the date of application. Due to the fact that competing proposals may be received at the same Homemakers Committee meeting please ensure your proposed price and development plan is your "best and final" offer for purchase. Incomplete applications *may* be accepted, HOWEVER keep in mind in the event of competing applications with the "best and final" offer for purchase will receive priority.

Return to:
City of Knoxville
Community Development Department
Homemakers Program,
P.O. Box 1631
Knoxville, TN 37901



Project Sources and Uses of Funds

Uses of Funds

Property Purchase \$ _____

Construction / Renovation \$ _____

List Contingencies (examples: set aside dollars for unplanned or increased cost of items that may occur) \$ _____

List Soft Costs (examples: developer fees, site design, permits, taxes, insurance, closing costs, etc.) \$ _____

Other (examples: mowing, utilities, etc.) \$ _____

Total Uses of Funds \$ _____

Total Use should equal Total Source

Sources of Funds

Purchaser Investment \$ _____

Loan Source (From: _____) \$ _____

Loan Source (From: _____) \$ _____

Other _____ \$ _____

Other _____ \$ _____

Total Source of Funds \$ _____

ALL Sources *MUST* be verifiable
CHECKLIST FOR DEVELOPERS HOMEMAKER APPLICATION

All applications *must* have the following items enclosed or they will be returned:

Qualifications and experience of project developer **and**

Detailed project description and/or other information needed to document the need for a reduced price

NOTE: Properties whose target price indicates ***“minimum”*** are not eligible for a reduced bid consideration. Any bid proposed for these properties must be at or above the listed minimum price.

Please indicate whether the following items are attached or when they will be provided: *(In the case of competitive applications for the same property, applications attaching the following items will receive a selection priority point.)*

Yes Commitment letter(s) for sources of funds or documentation of available funds to do project

No Provide explanation of when this will be provided:

Yes Site plan and floor plan of proposed construction/rehabilitation

No Provide explanation of when this will be provided:

Exhibit "A"

HOMEMAKERS PROGRAM

FY 2021 Knox County Fair Market Rents for All Bedroom Sizes

FY 2021 FMRs By Unit Bedrooms					
	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
FY 2021 Fair Market Rent	\$624	\$729	\$896	\$1,182	\$1,421

Federal Register/ Vol, 85, No. 158/August 14, 2020
Fair Market Rents Fiscal Year 2021
Effective 10/01/2020

Revised 9/28/2020

FY 2020 Income Limits Summary

Knox County, Tennessee										
FY 2020 Income Limit Area	Median Income	FY 2020 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Knox County	\$73,900	<u>Very Low (50%) Income Limits</u>	\$25,900	\$29,600	\$33,300	\$36,950	\$39,950	\$42,900	\$45,850	\$48,800
		<u>Extremely Low (30%) Income Limits</u>	\$15,550	\$17,750	\$21,720	\$26,200	\$30,680	\$35,160	\$39,640	\$44,120
		<u>Low (80%) Income Limits</u>	\$41,400	\$47,300	\$53,200	\$59,100	\$63,850	\$68,600	\$73,300	\$78,050

NOTICE PDR-2020-02 / April 1, 2020
Fiscal Year 2020 Income Limits
Effective 4/01/20

NOTE: Knox County is part of the **Knoxville, TN MSA**. The **Knoxville, TN MSA** contains the following areas: Anderson County, TN; Blount County, TN; Knox County, TN; Loudon County, TN; and Union County, TN.

Rvsd. 9/28/20

K/Kathy/FairMarketRent FY2021 & IncomeLimits 2020

Homemaker Application - Exhibit "B"

HOMEMAKERS PROGRAM TOTAL COST AND DEMOGRAPHICS

Address of Property: _____ CLT: _____
 Knoxville, TN _____

OWNER: Cost of Lot and/or Structure \$ _____
 Construction and/or Rehab Costs \$ _____
 Soft Costs \$ _____
 (Examples: taxes, insurance, utilities, mowing, closing costs, construction payments, etc.)
TOTAL COSTS \$ _____

BUYER:
 Sales Price: \$ _____ Date Sold: _____ or

TENANT:
 Monthly Rent: \$ _____ Date Rented or **Leased/Purchase:** _____ Sec 8? Yes No

Head of Household	Race ** (Choose from List Below)	Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No

* Head of Household - Choose From:

- | | |
|------------------|--------------------|
| 1 Married Couple | 3 Single Male |
| 2 Single Female | 4 Unmarried Couple |

** Race - Choose From:

- | | |
|--|---|
| 1 White | 6 American Indian/Alaskan & White |
| 2 Black/African American | 7 Asian & White |
| 3 American | 8 Black/African American & White |
| 4 American Indian/Alaskan Native | 9 Amer. Indian/Alaskan Native & Black/African Amer. |
| 5 Native Hawaiian/Other Pacific Islander | 10 Other multi-racial |

Total Annual Family Income: \$0 - \$24,999 \$25,000 - \$49,999
 \$50,000 - \$74,999 \$75,000 or more

Number in household: _____
 Occupied by Elderly (65 or older)? Yes No
 Occupied by Disabled? Yes No
 Is head of household male or female? Male Female
 Unit(s) Qualified for Energy Star? Yes No
 Brought into Compliance with Lead Safety Rules? Yes No
 Multi-Unit Housing? Yes No