

**OWNER/DEVELOPER PROPOSAL
for the VASH
PROJECT BASED VOUCHER PROGRAM
(Existing Units)**

INSTRUCTIONS:

Please fill out the attached form completely. If you fail to give complete information or documentation as required, this form will be returned to you and you will have to resubmit it at a later date. Since we will process applications on a first-come, first served basis, it is very important that you submit your proposal fully completed.

All information on each proposal will be kept confidential. Please submit one form for each property you wish to assist.

If you have any questions, or need assistance in completing the form, please call the undersigned at (925) 957-8055

Please submit **three (3) copies** of the fully completed proposal by **2:00 P.M. February 22, 2024** to the following address:

Housing Authority of the County of Contra Costa
3133 Estudillo Street
Martinez, CA 94553
Attention: Tony Ucciferri

Feel free to use additional sheets of paper as needed.

A. IDENTITY OF APPLICANT

1. Name and Address of Applicant:

Name

Street Address

Telephone: _____
Home

City

State

Zip Code

Work or Message

2. Name and address of owner of property, if different from above:

Name

Street Address

City State Zip Code

Home Phone Work/Message Phone

B. DESCRIPTION OF PROPERTY

1. Address of property (Existing) to which assistance will be attached:

Address of Property	Total # of Units By BR Size – List all		Type of Bldg. (i.e. Low Rise, Walk Up, Single Family, Twnhse)
i.e. - 1234 Main Street, Big City, CA	3 4	Studios 1BR/1BA	Apartment

2. Does the property have elevators
___ Yes ___ No

3. Complete the following for the building in which the units you propose to attach assistance to are located.

<u>Size of Units</u>	<u>Total Number of Units</u>	<u>Total Number of Units Now Vacant</u>
SRO	_____	_____
0 Bdrm	_____	_____
1 Bdrm	_____	_____
2 Bdrm	_____	_____
3 Bdrm	_____	_____
4 Bdrm	_____	_____

Please indicate the number of units and bedroom size for which subsidies are being sought.

BR Size

of Units

4. Are there any non-residential units (e.g., commercial office space) in this property?
_____ Yes _____ No

If yes, describe:

5. Has this property been under any federally assisted housing program at any time during the last 12 months - excluding the Section 8 Existing Program (e.g., the Tandem Program or any Below-Market Interest Rate assisted loan programs)?

_____ Yes _____ No

6. Are the units currently under any other rent restrictions?

_____ Yes _____ No

Explain: _____

7. Which utilities will be paid for by the tenant directly? (Check any which apply and estimate the monthly cost)

Utility Type	Gas	Electric	Estimate Monthly Cost				
			Studio	1 BR	2BR	3BR	4BR
Cooking							
Heating							
Lights							
Other Electric							
Air Conditioning							
Water							
Heating of Hot Water							
Sewer							
Other							

7. Which utilities will be paid by the owner?

Utility Type	Gas	Electric	Estimate Monthly Cost				
			Studio	1 BR	2BR	3BR	4BR
Cooking							
Heating							
Lights							
Other Electric							
Air Conditioning							
Water							
Heating of Hot Water							
Sewer							
Other							

Indicate who is responsible for providing the Appliances

Stove _____ Refrigerator _____ Other _____
(Specify)

8. Are you using the HACCC Utility Allowance to determine the utility amount?

____ Yes ____ No

9. Approximately how old is the building you plan to attach assistance to?

10. What units, if any, are currently under Section 8 in the building you plan to attach assistance to? (Please show the address of each Section 8 unit. Attach additional sheets if necessary)

a. _____ e. _____

b. _____ f. _____

c. _____ g. _____

d. _____ h. _____

11. List the distance (in blocks or miles) from this property to the nearest:

- _____ Supermarket _____
- _____ Shopping District _____
- _____ Public Transportation _____
- _____ Hospital _____
- _____ Public Park _____
- _____ Public Library _____
- _____ Public Schools _____
- _____ Employment Centers _____

12. (a) Is the property currently handicapped accessible? (5% of the units must be built-out for physical disabilities PLUS 2% of the units must be built out for hearing and vision disabilities.)

_____ Yes - _____ units
 _____ Partly, _____ units
 _____ No

(b) Are any modifications for handicapped access planned? _____ Yes _____ No

If so, describe:

C. FINANCIAL INFORMATION

1. Type of ownership of property (Check one):

_____ Mortgage _____ Own free and clear
 _____ Option _____ Other (please explain):
 _____ Lease _____

2. What is the total amount of rent you have actually received on the units in the building over the last 18 months?

<u>Size of Units</u>	<u>Number of Units</u>	<u>Total Rent Received</u>
Studio	_____	_____
1 Bedroom	_____	_____
2 Bedroom	_____	_____

3 Bedroom _____

4 Bedroom _____

5 Bedroom _____

2a. If any unit was vacant for over two (2) months, indicate on a separate sheet the size of the unit(s), the number of unit(s), and the total number of months the unit(s) were vacant.

2b. Indicate the monthly contract rent expected under the Project-Based Program.

NOTE: Proposed contract rents must not exceed 110% of the established Fair Market Rents as published by HUD, including any area wide exception Payment Standard if applicable.

3. Describe your experience, if any, with HUD/FHA housing programs.

HUD PROGRAM	Number of units owned/managed
_____	_____
_____	_____
_____	_____

4. Attach evidence of ownership or site control (e.g., grant deed, option, deposit receipt, lease).

D. TENANTS

1. Fill out the chart below, showing the number of units occupied by more than two persons per bedroom.

<u>Unit Address</u>	<u>Number of Bedrooms</u>	<u>Number of Occupancy Males-Females</u>

2. Will any tenant, presently living in these units, be temporarily displaced, or relocated for any reason?

___ Yes ___ No

Please Explain: _____

3. To the best of your knowledge, _____ of the _____ tenants currently occupying the property have incomes at or below the following limits:

<u>Number of Persons in household</u>	<u>Annual Gross Income</u>
01	\$51,800
02	59,200
03	66,600
04	73,950
05	79,900
06	85,800
07	91,700
08	97,650

E. SUPPORT SERVICES

1. Please indicate the population to be served:

Single Person	Elderly (62 Yrs. Or Older)	Families Receiving Support Services
Families	Disabled	

2. Please describe the support services to be provided?

Type of Service	Service Provider	Term of Service Commitment	Financial Commitment For Services

CERTIFICATIONS

The Owner/Applicant Certifies that:

- a. The owner has not required any tenant to move without cause during the 12 months prior to the date of application.
- b. The owner is willing to comply with all the temporary relocation requirements of the Agency and will compensate, as required, a temporarily relocated tenant for the costs of such relocation.
- c. The data and exhibits contained in this application and proposal are true, correct, and complete; and
- d. The owner will not require any tenant to move without cause during the period of time following submittal of this application until the date on which he/she signs an agreement to enter into a Housing Assistance Payments Contract whenever that may occur.

Owner Signature

Date: _____

All applications must include the following attachments:

- A. Management Plan (Program form);
- B. Application Form;
- C. Identification and description of the proposed site and evidence of site control;
- D. Certification of Fair Housing and Equal Opportunity;
- E. Financial Statement (Income and Expense Statement – Audited Financial Statement Preferred) for property’s most recent operating year;
- F. Statement regarding the proposed term of contract and any interest in extension of the term;
- G. If applicable, copies of Code Enforcement Inspection Reports, and correspondence;
- H. Disclosure of Lobbying Activities;
- I. Certification of Participation in the Low Income Housing Tax Credit Program;
- J. Certification of Consistency with the Consolidated Plan;
- K. Certification of Census Tract;
- L. Certification of Payments to Influence Federal Transactions;
- M. Certification Regarding Debarment and Suspension - Form 2992
- N. Certification of Additional Government Funding - HUD Form 2880;
- O. Disclosure of Lead-Based Paint/Hazards

ATTACHMENT A

PLANS FOR MANAGING AND MAINTAINING UNITS AFTER ATTACHMENT OF ASSISTANCE

Owner or Management Agent

NAME _____ QUALIFICATIONS _____

ADDRESS OF OTHER PROPERTY _____

____ OWNED ____ MANAGED HOW LONG HAVE YOU
MANAGED THE PROPERTY _____

ADDRESS: _____

PERSONNEL FOR PROPERTY MANAGEMENT:

	No. of Staff	Working Hours
OFFICE STAFF:	_____	_____
MAINTENANCE:	_____	_____

MAINTENANCE AND REPAIR PLAN

Method of handling following maintenance for the Property:

1. Routine Maintenance

2. Preventive Maintenance

3. Emergency Maintenance

Are any Maintenance Services contracted out?

If so, what _____

Who should residents contact for service?

What is your garbage collection schedule

Is this service contracted out?

How are your repainting, replacement of equipment and maintenance of grounds, if any, scheduled?

Are any of these contracted out?

How often?

If any items are routine, what schedule is followed?

Note: If you have a written agreement with a Property Manager or Managing Agent, attach a copy of that agreement to this proposal.

HOUSING AUTHORITY
OF THE
COUNTY OF CONTRA COSTA



Certification of Equal Opportunity

I certify that _____ as the authorized owner for the project located at _____, shall comply with Title VI of the Civil Rights Act of 1966, Title VIII of the Civil Rights Act of 1968, E.O. 11063, E.O. 11246, Section 3 of the Housing and Urban Development Act of 1968 (Equal Opportunity requirements) and all applicable Federal requirements listed in 24 CFR.11 including, but not limited to, the payment of not less than the prevailing wages in the locality pursuant to the Davis-Bacon Act to all laborers and mechanics employed in the construction/rehabilitation of the project.

(Owner)

(Date)

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

OMB Number: 4040-0013
Expiration Date: 02/28/2025

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name [REDACTED] * Street 1 [REDACTED] Street 2 [REDACTED] * City [REDACTED] State [REDACTED] Zip [REDACTED] Congressional District, if known: [REDACTED]		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:		
6. * Federal Department/Agency: [REDACTED]	7. * Federal Program Name/Description: [REDACTED] CFDA Number, if applicable: [REDACTED]	
8. Federal Action Number, if known: [REDACTED]	9. Award Amount, if known: \$ [REDACTED]	
10. a. Name and Address of Lobbying Registrant: Prefix [REDACTED] * First Name [REDACTED] Middle Name [REDACTED] * Last Name [REDACTED] Suffix [REDACTED] * Street 1 [REDACTED] Street 2 [REDACTED] * City [REDACTED] State [REDACTED] Zip [REDACTED]		
b. Individual Performing Services (including address if different from No. 10a) Prefix [REDACTED] * First Name [REDACTED] Middle Name [REDACTED] * Last Name [REDACTED] Suffix [REDACTED] * Street 1 [REDACTED] Street 2 [REDACTED] * City [REDACTED] State [REDACTED] Zip [REDACTED]		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		
* Signature: [REDACTED]		
* Name: Prefix [REDACTED] * First Name [REDACTED] Middle Name [REDACTED] * Last Name [REDACTED] Suffix [REDACTED]		
Title: [REDACTED]	Telephone No.: [REDACTED]	Date: [REDACTED]
Federal Use Only:		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

HOUSING AUTHORITY
OF THE
COUNTY OF CONTRA COSTA



OWNER'S CERTIFICATION OF PARTICIPATION
IN THE
LOW INCOME HOUSING TAX CREDIT PROGRAM

Project Name: _____

Project Address: _____

I certify that:

_____ Neither I nor any other representative of the project identified above currently intends to participate in the Low Income Housing Tax Credit Program (LIHTC).

_____ The project identified above intends to participate in the LIHTC Program and is subject to a Subsidy Layering Review by HUD prior to the execution of the Agreement.

If plans change and regarding this project's decision regarding the use of the LIHTC Program as indicated above, I will notify the SFHA in writing immediately so long as it is prior to the execution of the Agreement to enter into Housing Assistance Payments Contract (AHAP).

WARNING: It is a crime to knowingly make false statements to a Federal agency. Penalties upon conviction can include fine and imprisonment. For details, see Title 18 U.S. Code, Sections 1001 and 1010.

Signature

Date

Print Name

Title

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: _____

Project Name: _____

Location of the Project: _____

Name of the Federal
Program to which the
applicant is applying: _____

Name of
Certifying Jurisdiction: _____

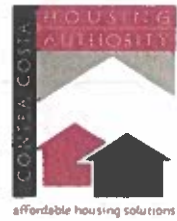
Certifying Official
of the Jurisdiction
Name: _____

Title: _____

Signature: _____

Date: _____

HOUSING AUTHORITY
OF THE
COUNTY OF CONTRA COSTA



Certification of Census Tract

Please complete the items below. For information regarding your project's census tract, go to:

<https://geomap.fficc.gov/FFIECGeocMap/GeocodeMap1.aspx>

Project Address: _____

Census Tract: _____

Poverty Rate: _____

Minority Concentration Rate: _____

I certify that the information entered above is true, complete and accurate to the best of my knowledge.

Signature

Print name and title

Date

Certification of Payments to Influence Federal Transactions

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

Public reporting burden for this information collection is estimated to average 30 minutes. This includes the time for collecting, reviewing, and reporting data. The information requested is required to obtain a benefit. This form is used to ensure federal funds are not used to influence members of Congress. There are no assurances of confidentiality. HUD may not conduct or sponsor, and an applicant is not required to respond to a collection of information unless it displays a currently valid OMB control number.

Applicant Name _____

Program/Activity Receiving Federal Grant Funding _____

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official _____

Title _____

Signature _____

Date (mm/dd/yyyy) _____

FEDERAL DEBARMENT CERTIFICATION FORM (CONTINUED)

Instructions for Certification

1. By signing and submitting this IFB Response, the prospective recipient of Federal assistance funds is providing the certification as set out below.
2. The certification in this class is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective recipient of Federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Department of Labor (DOL) may pursue available remedies, including suspension and/or debarment.
3. The prospective recipient of Federal assistance funds shall provide immediate written notice to the person to which this RFP Response is submitted if at any time the prospective recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "RFP Response," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this RFP Response is submitted for assistance in obtaining a copy of those regulations.
5. The prospective recipient of Federal assistance funds agrees by submitting this RFP Response that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the DOL.
6. The prospective recipient of Federal assistance funds further agrees by submitting this RFP Response that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to check the List of Parties Excluded from Procurement or Non-Procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the DOL may pursue available remedies, including suspension and/or debarment.

FEDERAL DEBARMENT CERTIFICATION FORM

DGS PD 2 (Rev. 12/19)

**Certification Regarding Debarment, Suspension, Ineligibility
and Voluntary Exclusion Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participant's responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211).

**(BEFORE COMPLETING CERTIFICATION, READ THE INSTRUCTIONS ON THE NEXT PAGE
WHICH ARE AN INTEGRAL PART OF THE CERTIFICATION)**

1. The prospective recipient of Federal assistance funds certifies, by submission of this IFB/RFP Response, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this IFB/RFP Response.

Name and Title of Authorized Representative	
Signature	Date

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing
and Urban Development

OMB Approval No. 2501-0112 (exp. 12/31/2024)

Instructions. (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)

Applicant/Recipient Information

Indicate whether this is an Initial Report or an Update Report

1. Applicant/Recipient Name, Address, and Phone (include area code):	2. Social Security Number or Employer ID Number:
3. HUD Program Name	4. Amount of HUD Assistance Requested/Received
5. State the name and location (street address, City and State) of the project or activity:	

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3). <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9 <input type="checkbox"/> Yes <input type="checkbox"/> No.
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If you answered "No" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form. **However,** you must sign the certification at the end of the report.

Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds

(Note: Use Additional pages if necessary.)

Part III Interested Parties. You must disclose:

- All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
- any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation in Project/Activity	Financial Interest in Project/Activity (\$ and %)

(Note: Use Additional pages if necessary.)

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

Signature: X	Date: (mm/dd/yyyy)
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Public reporting burden for this collection of information is estimated to average 2.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collection displays a valid OMB control number.

Privacy Act Statement. Except for Social Security Numbers (SSNs) and Employer Identification Numbers (EINs), the Department of Housing and Urban Development (HUD) is authorized to collect all the information required by this form under section 102 of the Department of Housing and Urban Development Reform Act of 1989, 42 U.S.C. 3531. Disclosure of SSNs and EINs is voluntary. HUD is authorized to collect this information under the Housing and Community Development Act of 1987 42 U.S.C.3543 (a). The SSN or EIN is used as a unique identifier. The information you provide will enable HUD to carry out its responsibilities under Sections 102(b), (c), and (d) of the Department of Housing and Urban Development Reform Act of 1989, Pub. L. 101-235, approved December 15, 1989. These provisions will help ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. They will also help ensure that HUD assistance for a specific housing project under Section 102(d) is not more than is necessary to make the project feasible after taking account of other government assistance. HUD will make available to the public all applicant disclosure reports for five years in the case of applications for competitive assistance, and for generally three years in the case of other applications. Update reports will be made available along with the disclosure reports, but in no case for a period generally less than three years. All reports, both initial reports and update reports, will be made available in accordance with the Freedom of Information Act (5 U.S.C. §552) and HUD's implementing regulations at 24 CFR Part 15. HUD will use the information in evaluating individual assistance applications and in performing internal administrative analyses to assist in the management of specific HUD programs. The information will also be used in making the determination under Section 102(d) whether HUD assistance for a specific housing project is more than is necessary to make the project feasible after taking account of other government assistance. You must provide all the required information. Failure to provide any required information may delay the processing of your application, and may result in sanctions and penalties, including imposition of the administrative and civil money penalties specified under 24 CFR §4.38.

Note: This form only covers assistance made available by the Department. States and units of general local government that carry out responsibilities under Sections 102(b) and (c) of the Reform Act must develop their own procedures for complying with the Act.

Instructions

Overview.

A. Coverage. You must complete this report if:

- (1) You are applying for assistance from HUD for a specific project or activity and you have received, or expect to receive, assistance from HUD in excess of \$200,000 during the during the fiscal year;
- (2) You are updating a prior report as discussed below; or
- (3) You are submitting an application for assistance to an entity other than HUD, a State or local government if the application is required by statute or regulation to be submitted to HUD for approval or for any other purpose.

B. Update reports (filed by "Recipients" of HUD Assistance):

General. All recipients of covered assistance must submit update reports to the Department to reflect substantial changes to the initial applicant disclosure reports.

Line-by-Line Instructions.

Applicant/Recipient Information.

All applicants for HUD competitive assistance, must complete the information required in blocks 1-5 of form HUD-2880:

1. Enter the full name, address, city, State, zip code, and telephone number (including area code) of the applicant/recipient. Where the applicant/recipient is an individual, the last name, first name, and middle initial must be entered.
2. Entry of the applicant/recipient's SSN or EIN, as appropriate, is optional.
3. Applicants enter the HUD program name under which the assistance is being requested.
4. Applicants enter the amount of HUD assistance that is being requested. Recipients enter the amount of HUD assistance that has been provided and to which the update report relates. The amounts are those stated in the application or award documentation. **NOTE:** In the case of assistance that is provided pursuant to contract over a period of time (such as project-based assistance under section 8 of the United States Housing Act of 1937), the amount of assistance to be reported includes all amounts that are to be provided over the term of the contract, irrespective of when they are to be received.
5. Applicants enter the name and full address of the project or activity for which the HUD assistance is sought. Recipients enter the name and full address of the HUD-assisted project or activity to which the update report relates. The most appropriate government identifying number must be used (e.g., RFP No.; IFB No.; grant announcement No.; or contract, grant, or loan No.) Include prefixes.

Part I. Threshold Determinations - Applicants Only

Part I contains information to help the applicant determine whether the remainder of the form must be completed. Recipients filing Update Reports should not complete this Part.

If the answer to *either* questions 1 or 2 is No, the applicant need not complete Parts II and III of the report, but must sign the certification at the end of the form.

Part II. Other Government Assistance and Expected Sources and Uses of Funds.

A. Other Government Assistance. This Part is to be completed by both applicants and recipients for assistance and recipients filing update reports. Applicants and recipients must report any other government assistance involved in the project or activity for which assistance is sought. Applicants and recipients must report any other government assistance involved in the project or activity. Other government assistance is defined in note 4 on the last page. For purposes of this definition, other government assistance is expected to be made available if, based on an assessment of all the circumstances involved, there are reasonable grounds to anticipate that the assistance will be forthcoming.

Both applicant and recipient disclosures must include all other government assistance involved with the HUD assistance, as well as any other government assistance that was made available before the request, but that has continuing vitality at the time of the request. Examples of this latter category include tax credits that provide for a number of years of tax benefits, and grant assistance that continues to benefit the project at the time of the assistance request.

The following information must be provided:

1. Enter the name and address, city, State, and zip code of the government agency making the assistance available.
2. State the type of other government assistance (e.g., loan, grant, loan insurance).
3. Enter the dollar amount of the other government assistance that is, or is expected to be, made available with respect to the project or activities for which the HUD assistance is sought (applicants) or has been provided (recipients).
4. Uses of funds. Each reportable use of funds must clearly identify the purpose to which they are to be put. Reasonable aggregations may be used, such as "total structure" to include a number of structural costs, such as roof, elevators, exterior masonry, etc.

B. Non-Government Assistance. Note that the applicant and recipient disclosure report must specify all expected sources and uses of funds - both from HUD *and any other source* - that have been or are to be, made available for the project or activity. Non-government sources of

funds typically include (but are not limited to) foundations and private contributors.

Part III. Interested Parties.

This Part is to be completed by both applicants and recipients filing update reports. Applicants must provide information on:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Note: A financial interest means any financial involvement in the project or activity, including (but not limited to) situations in which an individual or entity has an equity interest in the project or activity, shares in any profit on resale or any distribution of surplus cash or other assets of the project or activity, or receives compensation for any goods or services provided in connection with the project or activity. Residency of an individual in housing for which assistance is being sought is not, by itself, considered a covered financial interest.

The information required below must be provided.

1. Enter the full names and addresses. If the person is an entity, the listing must include the full name and address of the entity as well as the CEO. Please list all names alphabetically.
2. Entry of the Social Security Number (SSN) or Employee Identification Number (EIN), as appropriate, for each person listed is optional.
3. Enter the type of participation in the project or activity for each person listed: i.e., the person's specific role in the project (e.g., contractor, consultant, planner, investor).
4. Enter the financial interest in the project or activity for each person listed. The interest must be expressed both as a dollar amount and as a percentage of the amount of the HUD assistance involved.

Note that if any of the source/use information required by this report has been provided elsewhere in this application package, the applicant need

not repeat the information, but need only refer to the form and location to incorporate it into this report. (It is likely that some of the information required by this report has been provided on SF 424A, and on various budget forms accompanying the application.) If this report requires information beyond that provided elsewhere in the application package, the applicant must include in this report all the additional information required.

Recipients must submit an update report for any change in previously disclosed sources and uses of funds as provided in Section I.D.5., above.

Notes:

1. All citations are to 24 CFR Part 4, which was published in the Federal Register. [April 1, 1996, at 63 Fed. Reg. 14448.]
2. Assistance means any contract, grant, loan, cooperative agreement, or other form of assistance, including the insurance or guarantee of a loan or mortgage, that is provided with respect to a specific project or activity under a program administered by the Department. The term does not include contracts, such as procurements contracts, that are subject to the Fed. Acquisition Regulation (FAR) (48 CFR Chapter 1).
3. See 24 CFR §4.9 for detailed guidance on how the threshold is calculated.
4. "Other government assistance" is defined to include any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect assistance from the Federal government (other than that requested from HUD in the application), a State, or a unit of general local government, or any agency or instrumentality thereof, that is, or is expected to be made, available with respect to the project or activities for which the assistance is sought.
5. For the purpose of this form and 24 CFR Part 4, "person" means an individual (including a consultant, lobbyist, or lawyer); corporation; company; association; authority; firm; partnership; society; State, unit of general local government, or other government entity, or agency thereof (including a public housing agency); Indian tribe; and any other organization or group of people.

HOUSING AUTHORITY
OF THE
COUNTY OF CONTRA COSTA



**Disclosure of Information on Lead-Based Paint
and/or Lead-Based Paint Hazards**

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before Rehabilitating pre-1978 housing, owners must disclose the presence of known lead-based paint and/or lead-based paint hazards at the property or site.

Owner's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (check(i)or (ii)below):

- (i) _____ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

- (ii) _____ Owner has no knowledge of lead-based paint and/or lead-based paint hazards in the housing

(b) Records and reports available to the Owner (check (i) or (ii)below):

- (i) _____ Owner has provided the PHA with available records and reports pertaining to lead-based paint and/or lead-based hazards in the housing (list documents below).

- (ii) _____ Owner has no reports or record pertaining to lead-based paint and/or lead-based paint hazard in the housing.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

Owner (Print)

Signature

Date